



Lesotho



Demographic and
Health Survey

2004

Millennium Development Goal Indicators, Lesotho 2004			
Goal	Indicator	Value	
1. Eradicate extreme poverty and hunger	Prevalence of underweight children under five years of age	Male: 18.9% Female: 20.8%	Total: 19.8%
2. Achieve universal primary education	Net enrolment ratio in primary education ¹	Male: 81.4% Female: 87.7%	Total: 84.5%
	Proportion of pupils starting grade 1 who reach grade 5 ¹	Male: 33.9% Female: 51.1%	Total: 42.6%
	Literacy rate of 15-24-year olds ²	Male: 75.2% Female: 91.9%	Total: 87.2%
3. Promote gender equality and empower women	Ratio of girls to boys in primary and secondary education	Primary education: 0.97 Secondary education: 1.32	
	Ratio of literate women to men, 15-24 years old		1.22
	Share of women in wage employment in the non-agricultural sector ³		27.0%
4. Reduce child mortality	Under-five mortality rate (per 1,000 live births)		113 per 1,000
	Infant mortality rate (per 1,000 live births)		91 per 1,000
	Proportion of 1-year-old children immunised against measles	Male: 85.5% Female: 84.3%	Total: 84.9%
5. Improve maternal health	Maternal Mortality Ratio (per 100,000 live births)		762 per 100,000
	Proportion of births attended by skilled health personnel		55.4%
6. Combat HIV/AIDS, malaria, and other diseases	Condom use rate of the contraceptive prevalence rate (any modern method, currently married women 15-49)		14.5%
	Condom use at last high-risk sex (population age 15-24) ⁴	Male: 47.6% Female: 50.1%	
	Percentage of population age 15-24 years with comprehensive correct knowledge of HIV/AIDS ⁵	Male: 18.4% Female: 25.8%	
	Contraceptive prevalence rate (any modern method, currently married women 15-49)		35.2%
	Ratio of school attendance of orphans to school attendance of non-orphans age 10-14 years		1.0
7. Ensure environmental sustainability	Proportion of population using solid fuels ⁶	Urban: 9.9% Rural: 80.2%	Total: 67.8%
	Proportion of population with sustainable access to an improved water source, urban and rural ⁷	Urban: 90.1% Rural: 57.3%	Total: 50.9%
	Proportion of population with access to improved sanitation, urban and rural ⁸	Urban: 92.3% Rural: 48.0%	Total: 55.8%
¹ Excludes children with parental status missing ² Refers to respondents who attended secondary school or higher and women who can read a whole sentence ³ Wage employment includes respondents who receive wages in cash or in cash and kind. ⁴ High risk refers to sexual intercourse with a partner who neither was a spouse nor who lived with the respondent; time frame is 12 months preceding the survey. ⁵ A person is considered to have a comprehensive knowledge about AIDS when they say that use of condoms for every sexual intercourse and having just one uninfected and faithful partner can reduce the chance of getting the AIDS virus, that a healthy-looking person can have the AIDS virus, and when they reject the two most common local misconceptions. The most common misconceptions in Lesotho are that AIDS can be transmitted through mosquito bites and that a person can become infected with the AIDS virus by sharing food or utensils with someone who is infected. ⁶ Charcoal, firewood, straw, dung, or crop waste ⁷ Improved water sources are: household connection (piped), public standpipe, borehole, protected dug well, protected spring, or rainwater collection. ⁸ Improved sanitation technologies are: connection to a public sewer, connection to septic system, pour-flush latrine, simple pit latrine, or ventilated improved pit latrine.			

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Ministry of Health and Social Welfare
Maseru, Lesotho

Bureau of Statistics
Maseru, Lesotho

ORC Macro
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FOREWORD

The 2004 Lesotho Demographic and Health Survey (LDHS) was commissioned by the Ministry of Health and Social Welfare to provide countrywide population-based information on maternal and child mortality, nutrition, fertility levels, family planning, sexually transmitted infections (STIs), HIV/AIDS and tuberculosis (TB). The findings from the survey will provide data to benchmark progress on the ongoing Health Sector Reforms and at the same time complement information needs for defining global targets such as the Millennium Development Goals (MDGs) and the United Nations General Assembly Special Summit on HIV/AIDS (UNGASS).

The mainstay of the survey was a structured interview with a nationally representative sample of residents of more than 9,000 households on their health status, knowledge, attitudes, and behaviour. Selected biomarkers including anaemia and HIV testing as well as a number of anthropometric indices were also measured.

The main findings of the survey included relatively high coverage for basic childhood immunisations, increasing contraceptive prevalence, relatively low fertility levels and high levels of ANC attendance. An important aspect of the survey was the large amount of information obtained on HIV/AIDS, STIs, and TB knowledge and behaviour. The survey findings indicated high levels of infant mortality and maternal mortality and high prevalence of HIV.

The Ministry of Health and Social Welfare (MOHSW) wishes to applaud the technical partnership between the Lesotho Bureau of Statistics (BOS) and the MOHSW during the implementation of the survey. The arrangement highlighted synergies between the two sister institutions that should be strengthened. Among others, the joint implementation of the survey by the MOHSW and BOS ensured maximum utilisation of the resources and skills in field surveys and bio-surveys of both these institutions.

The success of this survey would not have been possible without the additional financial support received from Development Cooperation of Ireland (DCI), The World Bank and United Nations Children's Fund (UNICEF). Other supporting partners were the United Kingdom Department for International Development (DFID), the World Health Organisation (WHO) and the United States Agency for International Development (USAID).

Our sincere appreciation also goes to the District Secretaries and the various local structures, particularly the Chiefs in the areas that were selected for the survey, who contributed to the success of the survey in many ways.

The Ministry appreciates the dedication shown by the field coordinators, supervisors, editors, interviewers, laboratory staff, and data operators. Special thanks and recognition goes to the respondents who graciously gave their time to provide the information needed and undertook various tests, some of which were invasive. They can rest assured that the information provided has added value to knowledge in Lesotho and it will be treated with the highest level of confidence.

The MOHSW also wishes to express its appreciation for the professional guidance received from ORC Macro, from preparation to completion of the survey. The staff from the MOHSW and BOS who worked closely with ORC Macro, for almost two years, benefited from their integrity and work ethics. They were able to pick up some best practices that will be of use in future surveys.

Mrs. M. Makhakhe
2004 Lesotho Demographic and Health Survey Director
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SUMMARY OF FINDINGS

The 2004 Lesotho Demographic and Health Survey (2004 LDHS) is a nationally representative survey of 7,095 women age 15-49 and 2,797 men age 15-59 from 8,592 households covering 405 sample points (enumeration areas) throughout Lesotho. This survey is the first national-level population and health survey conducted as part of the global Demographic and Health Surveys (DHS) programme and is designed to provide data to monitor the population and health situation in Lesotho. The survey utilised a two-stage sample based on the 1996 Population Census and was designed to produce separate estimates for key indicators for each of the ten districts in Lesotho. Data collection took place over a three-month period, from late September 2004 to mid-January 2005.

The survey obtained detailed information on fertility levels, marriage, sexual activity, fertility preferences, awareness and use of family planning methods, breastfeeding practices, nutritional status of women and young children, childhood mortality, maternal and child health, awareness and behaviour regarding HIV/AIDS, other sexually transmitted infections (STIs), and tuberculosis. In addition, the 2004 LDHS carried out anaemia testing in children and adults and HIV testing in adults.

The 2004 LDHS was implemented by the Lesotho Ministry of Health and Social Welfare (MOHSW) in collaboration with the Lesotho Bureau of Statistics (BOS). Technical assistance was provided by ORC Macro through the MEASURE DHS programme. Financial support for the survey was provided by the Government of Lesotho and a number of donor agencies namely, Development Cooperation of Ireland (DCI), the World Bank, the United Nations Children's Fund (UNICEF), the British Department for International Development (DFID), the World Health Organisation (WHO), and the United States Agency for International Development (USAID).

FERTILITY

Fertility Levels and Trends. Lesotho has a wealth of demographic data. Changes in fertility levels over time can be tracked by examining fertility estimates from various surveys and censuses, spanning the last three decades. Comparing data from the 2004 LDHS with that of previous censuses and surveys indicates that the total fertility rate (TFR) declined significantly over the last three decades of the 20th century, going from a high of 5.4 children per woman in the mid-1970s and 5.3 in the mid-1980s to 4.1 in the mid-1990s, 4.2 children in 2001, and 3.5 children per woman in 2004. With a current TFR of 3.5, Lesotho's fertility rate is one of the lowest in sub-Saharan Africa.

Fertility Differentials. Differentials by background characteristics are marked. Rural women have more than twice as many children (4.1 children per woman) as urban women (1.9 children per woman). The total fertility rate is highest in the Mountains zone (4.9 children per woman) and lowest in the Lowlands (2.9 children per woman). As expected, a woman's education is strongly associated with fertility. For example, the TFR decreases from 4.2 children for women with some primary education to 2.8 children for women with at least some secondary education. Fertility is also very closely related to household economic status. Women who live in households in the lowest wealth quintile have high fertility (5.2 children) while those in households in the highest wealth quintile have low fertility (2.0 children).

Unplanned Fertility. Despite a steady rise in the level of contraceptive use over the last fifteen years, the 2004 LDHS data indicate that unplanned pregnancies are common in Lesotho. Overall, 38 percent of births in Lesotho are unwanted, while 12 percent are mistimed (wanted later).

Fertility Preferences. There is considerable desire on the part of currently married women in Lesotho to control the timing and number of births. More than

half of married women (54 percent) either do not want another child or are sterilised. Nationally, 43 percent of married women want to have another child—26 percent want a child later and 17 percent want a child soon (within two years). The 2004 LDHS results show that the mean ideal family size among women in Lesotho is 3.5 children.

FAMILY PLANNING

Knowledge of Contraception. Knowledge of family planning is nearly universal, with 97 percent of all women age 15-49 and 96 percent of all men age 15-59 knowing at least one modern method of family planning. Among women, the most widely known methods of family planning are the male condom (94 percent), injectables (86 percent), the pill (85 percent), and the female condom (72 percent). Sixty-two of women have heard of the IUCD, while 52 percent have heard of female sterilisation.

Use of Contraception. The contraceptive prevalence rate among married women is 37 percent. More than one-third of currently married women use a modern method (35 percent), while 2 percent use a traditional method. Injection, the pill, and the male condom are the most commonly used contraceptive methods, and are currently used by 15, 11, and 5 percent of currently married women, respectively.

Trends in Contraceptive Use. Current use of contraception by married women decreased between the 2001 Lesotho Demographic Survey (41 percent) and the 2004 LDHS survey (37 percent). However, it is difficult to interpret this trend because the two surveys differed considerably in their approach to data collection regarding contraceptive knowledge and use, as well as sample size.

Differentials in Contraceptive Use. Currently married women in urban areas are more likely to use contraception (50 percent) than those in rural areas (34 percent). Considering ecological zones, married women in the Lowlands (46 percent) are more than twice as likely to be using contraception as women in the Mountains (22 percent). Current contraceptive use also varies markedly by district; it is highest among married women in Mafeteng (49 percent) and lowest in Mokhotlong (15 percent). With the exception of

Mafeteng, for all residential categories, injectables are generally the most widely used method, followed by the pill.

Contraceptive use increases with level of education, from 9 percent among currently married women with no education to 49 percent among currently married women who have at least some secondary education.

Source of Modern Methods. In Lesotho, public (government) facilities provide contraceptive methods to 57 percent of users, while 12 percent are supplied through CHAL, 19 percent through the private medical sector, and 10 percent through other private sources (e.g., shops). Most users obtain methods at fixed sites; less than 2 percent say they got their method through community-based distribution or a community health worker.

The most common source of contraceptive methods in Lesotho is government health centres, which supply just over one-fourth of all users of modern methods. Government hospitals supply about one-fifth of users. Somewhat surprisingly, government sources supply a larger proportion of users of pills and injections than users of long-term methods like the IUCD. Public sector providers are the most common source for male condoms followed by other sources such as shops, friends, or relatives (42, 26, and 11 percent, respectively).

Unmet Need for Family Planning. Almost one-third of married women in Lesotho have an unmet need for family planning. Unmet need for limiting births (20 percent) is higher than unmet need for spacing births (11 percent). Only 55 percent of the demand for family planning is currently being met, implying that the needs of about one in two women in Lesotho are not being met.

MATERNAL HEALTH

Antenatal Care. A relatively high percentage of women, 90 percent, receive antenatal care from a medical professional, either from doctors (7 percent) or nurses or midwives (83 percent). One percent of women receive antenatal care from traditional birth attendants, while 9 percent do not receive any antenatal care. The 2004 LDHS data indicate an improvement since the 2000 End of Decade Multiple Cluster Survey (EMICS), which reported 53 percent coverage for antenatal care from a health professional.

Sixty percent of women received at least two doses of tetanus toxoid for their most recent birth in the five years preceding the survey, 19 percent received one tetanus toxoid injection and 18 percent received none.

Delivery Care. Nationally, more than half of births in the five years preceding the survey (52 percent) were delivered in health facilities: 38 percent in public health facilities, 2 percent in private health facilities, and 13 in CHAL facilities. Forty-five percent of births occurred at home. The data also show that medically trained providers assisted with 55 percent of deliveries, TBAs assisted with 13 percent of deliveries, and relatives or friends attended 30 percent of deliveries.

Postnatal Care. About one in four women (23 percent) who had a live birth in the five years preceding the survey received postnatal care within two days of delivery, 3 percent received postnatal care 3-6 days after delivery, and 2 percent received postnatal care 7-41 days after delivery. About three-fourths of women who had a live birth in the five years preceding the survey did not receive any postnatal care.

CHILD HEALTH

Childhood Mortality. Data from the 2004 LDHS show an upward trend in the early childhood mortality rates over time. Data for the most recent five-year period suggests that one of every nine children dies before reaching age five—under-five mortality is 113 deaths per 1,000 live births. About eight in ten of these deaths occur in the first year of life—infant mortality is 91 deaths per 1,000 live births and child mortality is 24 deaths per 1,000 children age one. Neonatal and postneonatal mortality each accounted for 46 deaths per 1,000 live births in the most recent five-year period. The pattern shows that deaths occurring during the neonatal and postneonatal periods account for 81 percent of all deaths under the age of five years.

Childhood Vaccination Coverage. Nationally, 68 percent of children age 12-23 months are fully immunised, while 2 percent have received no vaccinations. Ninety-five percent of children have received BCG and the first dose of polio vaccine, while 94 percent have received the first dose of

DPT. While coverage for the first dose of DPT and polio is high, the proportion of children receiving the recommended third dose of DPT and polio is lower (83 percent and 80 percent, respectively), as is the proportion receiving a measles vaccination (85 percent). Hepatitis B1, B2, and B3 have recently been added to the Lesotho immunisation schedule for children. Overall, 31 percent of children age 12-23 months received Hepatitis B1 vaccine, 22 percent received Hepatitis B2, and 14 percent received Hepatitis B3.

Child Illness and Treatment. Among children under five years of age, 19 percent were reported to have had symptoms of acute respiratory illness in the two weeks preceding the survey and 26 percent were reported to have had fever during the same period. Of these, 54 percent were taken to a health facility or provider for treatment. Fourteen percent of children under five years had diarrhoea in the two weeks preceding the survey. Thirty-one percent of children with diarrhoea were taken to a health provider. Forty-one percent of children with diarrhoea were given a solution made from oral rehydration salts (ORS), 55 percent received recommended home fluids (RHF) and 32 percent were given increased fluids. Overall, eight in ten children received ORS, RHF, or increased fluids.

NUTRITION

Breastfeeding Practices. The data indicate that the majority (95 percent) of children in Lesotho are breastfed for some period of time. Sixty-three percent of infants were put to the breast within one hour of birth, and 85 percent started breastfeeding within the first day. The 2004 LDHS data indicate that supplementary feeding of children begins early. Among newborns less than two months of age, 27 percent are receiving supplementary foods or liquids other than water. The median duration of breastfeeding in Lesotho is 21 months. The median duration of exclusive breastfeeding is at less than one month.

One in three children under six months in Lesotho is given a feeding bottle with a nipple.

Iodisation of household salt. Ninety-three percent of the households interviewed in the 2004 LDHS had their salt tested for iodine, while 5 percent had no salt available in the household. Only 2 percent of households are consuming salt that is not iodised,

7 percent of households are consuming inadequately iodised salt (<15 ppm) and 91 percent are consuming adequately iodised salt (15+ ppm).

Intake of Vitamin A. Ensuring that children between six months and 59 months receive enough vitamin A may be the single most effective child survival intervention. Deficiencies in this micronutrient can cause blindness and can increase the severity of infections such as measles and diarrhoea. Fifty-five percent of children age 6-59 months are reported to have received a vitamin A supplement in the 6 months preceding the survey. Forty-nine percent of children under age three who live with their mothers consume fruits and vegetables rich in vitamin A.

Seventeen percent of mothers with a birth in the past five years reported receiving a vitamin A dose postpartum. Four percent of interviewed women reported night blindness during pregnancy. When this figure was adjusted for blindness not attributed to vitamin A deficiency during pregnancy, the data showed that only 1 percent of women experienced night blindness during their last pregnancy.

Prevalence of Anaemia. Iron-deficiency anaemia is a major threat to maternal health and child health. Overall, about half of children age 6-59 months in Lesotho (49 percent) have some level of anaemia, including 22 percent of children who are mildly anaemic, 25 percent who are moderately anaemic, and 1 percent who are severely anaemic.

The prevalence of anaemia is less pronounced among women than among children. Twenty-seven percent of women age 15-49 are anaemic, with 19 percent mildly anaemic, 8 percent moderately anaemic, and about 1 percent severely anaemic.

Nutritional Status of Children. According to the 2004 LDHS, 38 percent of children under five are stunted and 15 percent are severely stunted. Four percent of children under five are wasted and 1 percent are severely wasted. Weight-for-age results show that 20 percent of children under five are underweight, with 4 percent severely underweight. Children whose biological mothers were not in the household are more likely

to be malnourished than children whose mothers were interviewed.

The proportion of children under five who are stunted has decreased from 45 percent in 2000 to 38 percent in 2004. The proportion underweight increased slightly from 18 percent in 2000 to 20 percent in 2004.

Nutritional Status of Women. The mean height of women in Lesotho is 157 centimetres, which is above the critical height of 145 centimetres. Only 2 percent are below 145 centimetres. Six percent of women were found to be chronically malnourished (BMI less than 18.5), while 42 percent are overweight or obese.

Awareness of AIDS. Almost all (94 percent) women and men (93 percent) have heard of AIDS, indicating that awareness of AIDS in Lesotho is universal. Almost eight in ten women (78 percent) and seven in ten men age 15-49 (70 percent) know that condom use is an important method of AIDS-prevention. Eighty-two percent of women and 76 percent of men said that the chances of getting the AIDS virus (HIV) can be reduced by limiting sex to one faithful uninfected partner. Knowledge of both of these ways of avoiding HIV transmission is high, with 71 percent of women and 60 percent of men citing both as ways of reducing the risk of contracting HIV/AIDS. Three-fourths of women (78 percent) and men (75 percent) know that abstaining from sex reduces the chances of getting AIDS.

Knowledge that a healthy-looking person can have the AIDS virus is widespread. Three-fourths of women (75 percent) and about seven in ten men (69 percent) are aware that a healthy-looking person can have the AIDS virus. The two most common misconceptions about the transmission of the AIDS virus are that HIV can be transmitted by mosquito bites and that a person can become infected with the AIDS virus by sharing food or utensils with someone who is infected with HIV/AIDS. Forty-four percent of women and 43 percent of men know that HIV cannot be transmitted by mosquito bites, while 58 percent of women and 49 percent of men know that a person cannot become infected with the AIDS virus by sharing food or utensils with someone who has AIDS.

A person is considered to have a comprehensive knowledge about AIDS when they report that 1) using

a condom every time sexual intercourse occurs and having just one uninfected and faithful partner can reduce the chances of contracting HIV/AIDS, 2) a healthy-looking person can have the AIDS virus, and 3) that they reject the two most common local misconceptions about how HIV/AIDS is transmitted. In Lesotho, only 24 percent of women and 19 percent of men age 15-49 have comprehensive knowledge of HIV/AIDS transmission and prevention methods.

HIV-Related Behavioural Indicators. One of the strategies for reducing the risk of contracting a sexually transmitted infection (STI) is for young persons to delay the age at which they become sexually active. Fifteen percent of young women and 27 percent of young men have had sex by age 15. Forty-seven percent of women and 52 percent of men reported they had first sexual intercourse by age 18.

Sexual intercourse with a non-marital or non-cohabiting partner is associated with an increased risk of contracting sexually transmitted infections. Thirty-six percent of women and 63 percent of men age 15-49 reported engaging in higher-risk sexual behaviour in the 12 months preceding the survey. Even more disturbing is the fact that four in ten (42 percent) women age 15-24 and half of men in the same age cohort reported engaging in higher-risk sexual behaviour during the past year.

Sexual intercourse with more than one partner is associated with a high risk of exposure to sexually transmitted infections. Eleven percent of women and 30 percent of men age 15-49 reported having sexual intercourse with more than one partner in the 12 months preceding the survey.

Promoting the use of condoms is an important strategy in the fight against HIV/AIDS transmission. Overall, 42 percent of women and 49 percent of men age 15-49 used a condom during the time they had higher-risk sex.

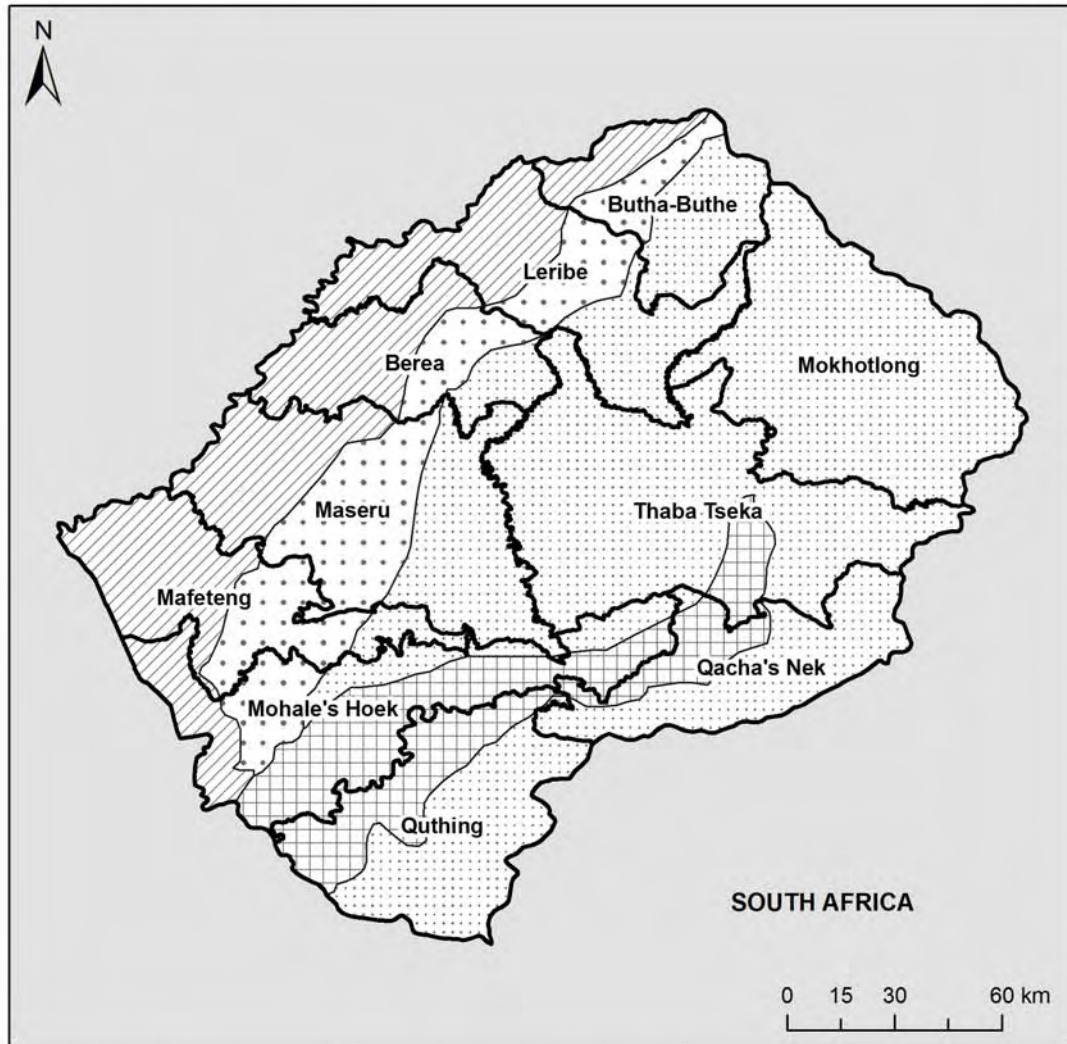
HIV Prevalence. HIV tests were conducted for 81 percent of the 3,758 eligible women and 68 percent of the 3,305 eligible men. Results from the 2004 LDHS indicate that 24 percent of adults in Lesotho are HIV positive. HIV prevalence in women age 15-49 is 26 percent, while for men age 15-59, it is 19 percent. This female-to-male ratio is found in most population-based studies in Africa and implies that young women are particularly vulnerable to HIV infection compared with young men. For both sexes, rates of infection rise with age, peaking at 43 percent among women in their late 30s and 41 percent among men age 30-34. HIV prevalence is substantially higher among women than men under age 30 while, at ages 40-49, the pattern reverses and prevalence among men exceeds that among women.

Patterns of HIV Prevalence. Urban residents are more likely to be HIV positive than rural residents (29 and 22 percent, respectively), with the urban-rural differential for women being higher than that for men. Among the four ecological zones, Lowlands has the highest rates of infection for both females and males (28 and 20 percent, respectively). Looking at the districts, Leribe has the highest infection rate for both women and men, while Thaba-Tseka and Mokhotlong have the lowest rate for women, and Mokhotlong and Qacha's Nek have the lowest rate for men.




Differences in infection levels across education categories are not large, although having attended school is related to somewhat lower infection levels among both women and men. One-third of employed women and one-fourth of employed men are HIV positive, compared with 23 percent of unemployed women and 16 percent of unemployed men. The relationship between HIV status and economic level (wealth quintile) is not uniform; however, the lowest HIV rates are found among women and men in the lowest wealth quintile.

Results from the 2004 LDHS indicate that for 66 percent of cohabiting couples, both partners are HIV negative, while in 20 percent of couples, both partners are HIV positive. In 13 percent of couples, there is discordance in HIV-positive status, i.e., one partner is infected and the other is not.

LESOTHO



Topographic Regions

	Foothills		Mountains
	Lowlands		Senqu River Valley

INTRODUCTION

Mahlape Ramoseme

1.1 GEOGRAPHY, HISTORY, AND ECONOMY

1.1.1 Geography

Lesotho is a small mountain Kingdom situated in the southern part of Africa and is completely surrounded by the Republic of South Africa. The country is divided into 10 administrative districts, which differ in terms of size, topography, climate and stage of development. It has a total area of about 30,355 square kilometres of which slightly more than 10 percent of the land is arable. Lesotho can be distinguished by high altitude terrain, which is why it is sometimes referred to as the “Mountain Kingdom” or the “Kingdom in the Sky” and often called “The Roof of Africa.” The country has been subdivided into two residential areas, urban and rural and further divided into four ecological zones, the Lowlands, Foothills, Mountains and Senqu River Valley.

In Lesotho, there are four seasons in a year; summer from December to February, with January being the warmest month; autumn from March to May; winter from June to August; and spring from September to November. In winter, temperatures can drop to below zero centigrade and snowfall is not unexpected especially in the mountains. Spring is Lesotho’s rainy season.

1.1.2 History

Lesotho gained its independence on 4th October 1966 after being a British colony for almost 100 years (1868-1966). The three largest religious organizations are the Roman Catholic Church, the Lesotho Evangelical Church, and the Anglican Church. Lesotho has two official languages, Sesotho and English.

1.1.3 Economy

Lesotho is primarily a country of subsistence farming. Most Basotho (the name for people living in Lesotho) grow food for their own consumption. Maize, wheat, and sorghum are commonly harvested as well as peas, beans, and potatoes. Traditionally, cattle are prized as a sign of family wealth; they are also used in agricultural work such as ploughing. Lesotho’s gross domestic product (GDP) is 8.832 billion Maluti with an annual growth rate of 3.1 percent. Manufacturing contributes 20.3 percent of the GDP, while agriculture contributes 17.1 percent. (BOS, 2005).

Water is one of the most important resources in Lesotho. It is the source of the 30-year, multi-million-dollar Lesotho Highlands Water Project (LHWP), which was initiated in 1986. The LHWP is designed to capture, store, and transfer water from the Orange River system to South Africa’s Free State province and the greater Johannesburg area, which have among the largest concentrations of population, industry, and agriculture in South Africa.

1.2 POPULATION

Currently, the population of Lesotho is estimated at 2.2 million (BOS, 2003). Table 1.1 shows that the population of Lesotho increased from 1.6 million in 1986 to 1.9 million in 1996. The annual population growth rate was 1.5 percent per annum during the 1986-1996 period (BOS, 1996).

According to the 1996 population census, the crude birth rate (CBR) for Lesotho was 30 births per 1,000 compared with 37 per 1,000 in the 1986 population census. As shown in Table 1.1, the total fertility rate (TFR) in Lesotho declined by more than one child between 1986 and 1996. The crude death rate increased from 11.6 deaths to 12.8 deaths per 1,000 over the same period. The infant mortality rate (IMR) has been declining steadily. It was estimated at 113 deaths per 1,000 live births in 1976 (BOS, 1976) and it fell to 85 deaths per 1,000 in 1986 and 74 deaths per 1,000 in 1996 (BOS, 1996).

Data from consecutive population censuses show that the population of Lesotho is predominantly rural. However, the proportion living in urban areas has increased from 12 percent in 1986 to 17 percent in 1996. Similarly, life expectancy at birth has increased from 55 years in 1986 to 59 years in 1996.

Table 1.1 Basic demographic indicators			
Selected demographic indicators for Lesotho, 1976, 1986, and 1996			
Indicator	1976	1986	1996
Population (millions)	1.2	1.6	1.9
Intercensal growth rate (percent)	2.3	2.6	1.5
Density (pop./km ²)	40	53	61
Percent urban	11	12	17
Crude birth rate	38-40	37	30.0
Crude death rate	16-18	11.6	12.8
Total fertility rate	5.4	5.3	4.1
Infant mortality rate (per 1,000 births)	113	85	74
Life expectancy (years)	51	55	59
Male	49.3	49.3	58.6
Female	52.7	56.7	60.2
Source: BOS, 1976; BOS, 1986; BOS, 1996 (census reports)			

1.3 OBJECTIVES OF THE SURVEY

The Ministry of Health and Social Welfare (MOHSW) initiated the 2004 Lesotho Demographic and Health Survey (LDHS) to collect population-based data to inform the Health Sector Reform Programme (2000-2009). The 2004 LDHS will assist in monitoring and evaluating the performance of the Health Sector Reform Programme since 2000 by providing data to be compared with data from the first baseline survey, which was conducted when the reform programme began. The LDHS survey will also provide crucial information to help define the targets for Phase II of the Health Sector Reform Programme (2005-2008). Additionally, the 2004 LDHS results will serve as the main source of key demographic indicators in Lesotho until the 2006 population census results are available.

The LDHS was conducted using a representative sample of women and men of reproductive age. The specific objectives were to:

- Provide data at national and district levels that allow the determination of demographic indicators, particularly fertility and childhood mortality rates;
- Measure changes in fertility and contraceptive use and at the same time analyse the factors that affect these changes, such as marriage patterns, desire for children, availability of contraception, breastfeeding patterns, and important social and economic factors;

- Examine the basic indicators of maternal and child health in Lesotho, including nutritional status, use of antenatal and maternity services, treatment of recent episodes of childhood illness, and immunisation coverage for children;
- Describe the patterns of knowledge and behaviour related to the transmission of HIV/AIDS, other sexually transmitted infections, and tuberculosis;
- Estimate adult and maternal mortality ratios at the national level;
- Estimate the prevalence of anaemia among children, women and men, and the prevalence of HIV among women and men at the national and district levels.

1.4 ORGANISATION OF THE SURVEY

The 2004 LDHS was implemented by MOHSW in collaboration with the Bureau of Statistics (BOS). Technical assistance was provided through the MEASURE DHS programme.

Financial support for the survey was provided by the Government of Lesotho and a number of donor agencies namely, Development Cooperation of Ireland (DCI), the World Bank, the United Nations Children's Fund (UNICEF), the British Department for International Development (DFID), the World Health Organisation (WHO) and USAID.

1.5 SAMPLE DESIGN

The sample for the 2004 LDHS covered the household population. A representative probability sample of more than 9,000 households was selected for the 2004 LDHS sample. This sample was constructed to allow for separate estimates for key indicators in each of the ten districts in Lesotho, as well as for urban and rural areas separately.

The survey utilized a two-stage sample design. In the first stage, 405 clusters (109 in the urban and 296 in the rural areas) were selected from a list of enumeration areas from the 1996 Population Census frame. In the second stage, a complete listing of households was carried out in each selected cluster. Households were then systematically selected for participation in the survey.

All women age 15-49 who were either permanent household residents in the 2004 LDHS sample or visitors present in the household on the night before the survey were eligible to be interviewed. In addition, in every second household selected for the survey, all men age 15-59 years were eligible to be interviewed if they were either permanent residents or visitors present in the household on the night before the survey. In the households selected for the men's survey, height and weight measurements were taken for eligible women and children under five years of age. Additionally, eligible women, men, and children under age five were tested in the field for anaemia, and eligible women and men were asked for an additional blood sample for anonymous testing for HIV.

1.6 QUESTIONNAIRES

Three questionnaires were used for the 2004 LDHS: the Household Questionnaire, the Women's Questionnaire, and the Men's Questionnaire. To reflect relevant issues in population and health in Lesotho, the questionnaires were adapted during a series of technical meetings with various stakeholders from government ministries and agencies, nongovernmental organizations and international donors. The final draft of the questionnaire was discussed at a large meeting of the LDHS Technical Committee organized by the MOHSW and BOS. The adapted questionnaires were translated from English into Sesotho and pretested during June 2004.

The Household Questionnaire was used to list all of the usual members and visitors in the selected households. The main purpose of the Household Questionnaire was to identify women and men who were eligible for the individual interview. Some basic information was also collected on the characteristics of each person listed, including age, sex, education, residence and emigration status, and relationship to the head of the household. For children under 18, survival status of the parents was determined. The Household Questionnaire also collected information on characteristics of the household's dwelling unit, such as the source of water, type of toilet facilities, materials used for the floor of the house, ownership of various durable goods, and access to health facilities. For households selected for the male survey subsample, the questionnaire was used to record height, weight, and haemoglobin measurements of women, men and children, and the respondents' decision about whether to volunteer to give blood samples for HIV.

The Women's Questionnaire was used to collect information from all women age 15-49. The women were asked questions on the following topics:

- Background characteristics (education, residential history, media exposure, etc.)
- Birth history and childhood mortality
- Knowledge and use of family planning methods
- Fertility preferences
- Antenatal and delivery care
- Breastfeeding and infant feeding practices
- Vaccinations and childhood illnesses
- Marriage and sexual activity
- Woman's work and husband's background characteristics
- Awareness and behaviour regarding AIDS, other sexually transmitted infections (STIs), and tuberculosis (TB)
- Maternal mortality

The Men's Questionnaire was administered to all men age 15-59 living in every other household in the 2004-05 LDHS sample. The Men's Questionnaire collected much of the same information found in the Women's Questionnaire, but was shorter because it did not contain a detailed reproductive history or questions on maternal and child health, nutrition, and maternal mortality.

Geographic coordinates were collected for each EA in the 2004 LDHS.

1.7 HAEMOGLOBIN AND HIV TESTING

In all households selected for the male survey, children under five years of age, women age 15-49 and men age 15-59 were tested for anaemia. In addition, all eligible women and men were tested for HIV. Anaemia and HIV testing were carried out only if consent was given by the respondent or, in the case of a minor (under age 18), by the parent or guardian. The protocol for haemoglobin and HIV testing was approved by the Lesotho Ministry of Health and Social Welfare Ethics Committee in Maseru and the ORC Macro Institutional Review Board in Calverton, Maryland, USA. All interviewers were trained on how to take anthropometric measurements, how to administer the anaemia and HIV informed consent forms, and blood collection procedures.

1.7.1 Haemoglobin Testing

Anaemia is a major problem in Lesotho, especially among young children and pregnant women. Determining anaemia levels among women and their children was an important component of the 2004 LDHS because little was known about the prevalence of anaemia in the general population.

Anaemia levels were determined by measuring the level of haemoglobin in the blood, a decreased concentration of which characterizes anaemia. For haemoglobin measurement, capillary blood was taken from the finger using sterile, single-use lancets that allowed a relatively painless puncture. The concentration of haemoglobin in the blood was measured in the field using the HemoCue system, a portable photometer. Data collection personnel were specially trained for this procedure. Prior to participating in the study, respondents were informed of their right to not participate in the anaemia testing and were asked for their permission to collect a blood droplet from them and the eligible children. Levels of anaemia were classified as severe, moderate, or mild according to criteria developed by the World Health Organisation (DeMaeyer et al., 1989).

Respondents were informed of their anaemia status. Additionally, an informational brochure on anaemia was printed and distributed to respondents eligible for anaemia testing.

1.7.2 HIV Testing

In the households selected for the men's survey, all eligible women and men were asked to voluntarily provide some drops of blood for HIV testing. The protocol for the blood specimen collection and analysis was based on the anonymous linked protocol developed by DHS and approved by ORC Macro's Institutional Review Board. The protocol allowed for the merging of the HIV results to the sociodemographic data collected in the individual questionnaires, provided that the information that could potentially identify an individual was destroyed before linking is effected. This required that identification codes be deleted from the data file and that the back page of the Household Questionnaire that contained the bar code labels and names of respondents be destroyed prior to merging the HIV results with the individual data file.

As part of the procedure to obtain informed consent for blood taking for HIV testing, the interviewer described the testing procedures, the confidentiality of the data, including the fact that test results could not be linked or made available to the subject, and gave information on where to go for voluntary counselling and testing (VCT) services to establish their HIV status. For never-married respondents age 15-17, consent was first obtained from the parent or guardian and then from the respondent him/herself. For respondents who consented, the interviewer collected 3 to 5 blood spots on a filter paper card from a finger prick using a single-use, spring-loaded, sterile lancet. Each filter paper was given a bar code label, with a duplicate label was attached to the Household Questionnaire on the line showing consent for that respondent. A third copy of the same bar code label was affixed to a Blood Transmittal Form to track the blood samples from the field to the BOS and then to the laboratory. Filter papers were dried overnight in a plastic drying box, after which the interviewer packed them in individual Ziploc bags with desiccants and a humidity indicator card and placed them in a larger Ziploc bag for that particular EA. Blood samples were periodically collected in the field along with the completed questionnaires and transported to BOS headquarters in Maseru. There they were logged in, after which they were taken to the Lesotho Blood Transfusion Services for HIV testing.

At the Lesotho Blood Transfusion Services all samples were tested using the first test, an ELISA, Vironostika HIV Uniform II Plus O. A negative result was considered negative. All positives were tested with a second ELISA test, originally Genscreen HIV1/2, and later with a more accurate test, Enzygnost. Positive samples on the second test were considered positive. If the results from the two tests were

discordant, the samples were retested again with both tests. If on the repeat of both tests, the results were negative, the samples were rendered negative; if results were positive, the samples were rendered positive. However, in the rare event of discordant results on the repeat of both tests, a third test, Abbott Determine was used as the tie breaker. The same steps were also followed for 10 percent of the samples testing negative on the first test. Additional internal quality control measures included testing a number of panels in each plate. This was done to check the accuracy of the laboratory technicians. About 5 percent of randomly selected samples were sent for retesting to the National Institute for Communicable Diseases (NICD) in South Africa as part of the external quality control.

1.8 TRAINING AND FIELDWORK

Eighty-two people (about half women and half men) were recruited by the MOHSW and BOS to serve as supervisors, field editors, male and female interviewers, and reserves. They all participated in the main interviewer training, which began on 16 August 2004 in Roma and lasted for a period of about four weeks. The trainees came from the BOS and the MOHSW from both the central and district levels. Most of the participants from the BOS had had prior experience as interviewers in other surveys, while most of the participants from the MOHSW had had experience with blood collection and HIV/AIDS testing and counselling.

The training was conducted mainly in English and included lectures, presentations, practical demonstrations, and practice interviewing in small groups. The training included two days of field practice with households living close to the training site. The participants also received training relating to height and weight measurements, haemoglobin testing, and blood collection for HIV. The trainers were officers of BOS and MOHSW as well as staff from ORC Macro. In addition to the main trainers, guest lecturers gave presentations in plenary sessions on specialized topics, such as family planning, nutrition, maternal and child health, and HIV/AIDS.

Towards the end of the training course, some interviewers were selected as supervisors and field editors. This group was further trained on how to supervise fieldwork and editing of the questionnaires in the field, as well as how to read global positioning system (GPS) coordinates.

Data collection began on 28 September 2004. The 12 data collection teams were made up of one supervisor, one field editor, three female interviewers and one male interviewer (with the exception of two teams that had two female interviewers and two male interviewers). Fieldwork was completed on 18 January 2005. Fieldwork supervision was coordinated at MOHSW and BOS headquarters; three teams of Regional Coordinators consisting of one representative from MOHSW and one from BOS for each team periodically visited the field teams to review their work and to monitor data quality. Additionally, close contact between MOHSW and BOS headquarters and the field teams was maintained through mobile phones.

1.9 DATA PROCESSING

The processing of the 2004 LDHS results began shortly after the fieldwork commenced. Completed questionnaires were returned periodically from the field to BOS headquarters, where they were entered and edited by data processing personnel who were specially trained for this task. The data processing personnel included two supervisors, two questionnaire administrators/office editors—who ensured that the expected number of questionnaires from each cluster was received—16 data entry operators, and two secondary editors. The concurrent processing of the data was an advantage because BOS was able to advise field teams of problems detected during the data entry. In particular, tables were generated to check various data quality parameters. As a result, specific feedback was given to the teams to improve performance. The data entry and editing phase of the survey was completed in May 2005.

1.10 RESPONSE RATES

Table 1.2 shows household and individual response rates for the 2004 LDHS. Response rates are important because high non-response may affect the reliability of the results. A total of 9,903 households were selected for the sample, of which 9,025 were found to be occupied during data collection. Of the 9,025 existing households, 8,592 were successfully interviewed, yielding a household response rate of 95 percent.

Table 1.2 Results of the household and individual interviews			
Number of households, number of interviews, and response rates, according to residence, Lesotho 2004			
Result	Residence		Total
	Urban	Rural	
Household interviews			
Households selected	2,743	7,160	9,903
Households occupied	2,498	6,527	9,025
Households interviewed	2,235	6,357	8,592
Household response rate	89.5	97.4	95.2
Interviews with women			
Number of eligible women	2,030	5,492	7,522
Number of eligible women interviewed	1,945	5,150	7,095
Eligible woman response rate	95.8	93.8	94.3
Household interviews for men			
Households selected	1,348	3,515	4,863
Households occupied	1,237	3,189	4,426
Households interviewed	1,092	3,093	4,185
Household response rate	88.3	97.0	94.6
Interviews with men			
Number of eligible men	791	2,514	3,305
Number of eligible men interviewed	694	2,103	2,797
Eligible man response rate	87.7	83.7	84.6

In these households, 7,522 women were identified as eligible for the individual interview. Interviews were completed with 94 percent of these women. Of the 3,305 eligible men identified, 85 percent were successfully interviewed. The response rate for urban women and men is somewhat higher than for rural respondents (96 percent compared with 94 percent for women and 88 percent compared with 84 percent for men). The principal reason for non-response among eligible women and men was the failure to find individuals at home despite repeated visits to the household. The lower response rate for men reflects the more frequent and longer absences of men from the household, principally because of employment and life style.

Response rates for the HIV testing component were lower than those for the interviews. Details of the HIV testing response rates are discussed in Chapter 12.

John Nkonyana

This chapter presents information on the social, economic, and demographic characteristics of the household population, focusing mainly on such background characteristics as age, sex, educational attendance and attainment, place of residence, and socioeconomic conditions of households. The information provided is intended to facilitate interpretation of the key demographic, socioeconomic, and health indices. It is further intended to assist in the assessment of the representativeness of the survey.

One of the background characteristics used throughout this report is an index of socioeconomic status. The economic index used here was recently developed and tested in a large number of countries in relation to inequities in household income, use of health services, and health outcomes (Rutstein et al., 2000). It is an indicator of the level of wealth that is consistent with expenditure and income measures (Rutstein, 1999). The economic index was constructed using household asset data with principal components analysis. The asset information was collected through the Household Questionnaire of the 2004 LDHS and covers information on household ownership of a number of consumer items ranging from a television to a bicycle or car, as well as dwelling characteristics, such as source of drinking water, sanitation facilities, and type of material used for flooring.

Each asset was assigned a weight (factor score) generated through principal components analysis, and the resulting asset scores were standardized in relation to a normal distribution with a mean of zero and standard deviation of one (Gwatkin et al., 2000). Each household was then assigned a score for each asset, and the scores were summed for each household; individuals were ranked according to the total score of the household in which they resided. The sample was then divided into quintiles from one (lowest) to five (highest). A single asset index was developed for the whole sample; separate indices were not prepared for the urban and rural populations.

2.1 HOUSEHOLD POPULATION BY AGE AND SEX

The 2004 LDHS Household Questionnaire solicited information on key demographic and socioeconomic characteristics; parental survivorship and residence for people age 17 years and under; educational attendance and attainment; and housing characteristics. A household was defined as a person or group of people, related or unrelated to each other, who live together in the same dwelling unit and share a common source of food.

Table 2.1 presents the distribution of the 2004 LDHS household population by five-year age groups, according to sex and urban-rural residence. The household population constitutes 32,747 persons, of which 47 percent are males and 53 percent are females. There are more persons in the younger age groups than in the older groups for both sexes.

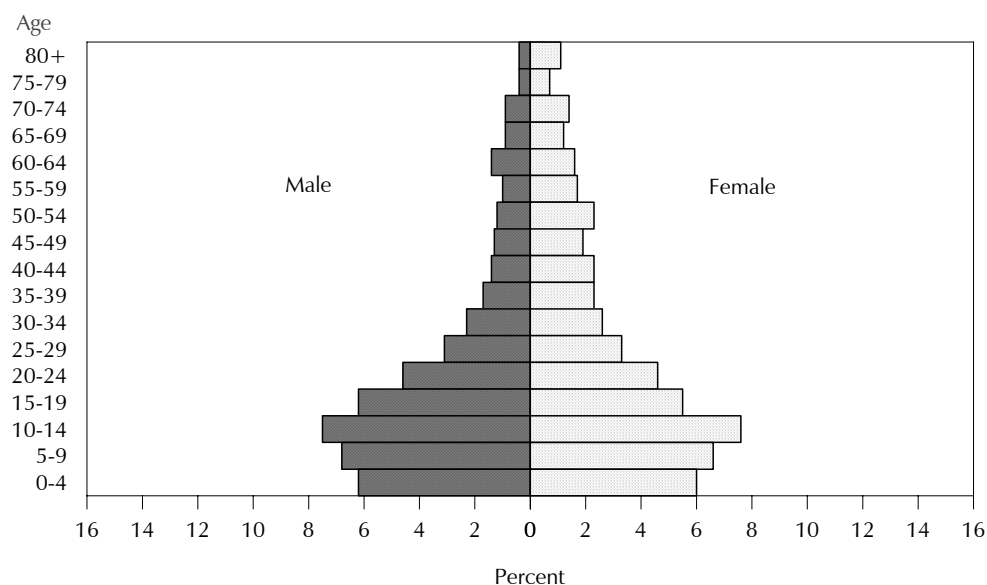
Figure 2.1 shows the age-sex structure of the Lesotho population. The household population age-structure is wide based, as depicted by the population pyramid. Lesotho's population is still young. This implies that the share of the Lesotho population under age 15 is 41 percent, and the older age groups (65 years and above) make up just 7 percent of the total household population. The recent decline in fertility is also apparent in the narrowing at the base of the pyramid. The jutting out of the bars for women age 50-54 and for men age 60-64 is most likely a result of deliberate age displacement by interviewers to place respondents outside of the age range of eligibility for the interview, thus reducing the interviewer's workload.

Table 2.1 Household population by age, sex, and residence

Percent distribution of the de facto household population by five-year age groups, according to sex and residence, Lesotho 2004

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	9.3	8.5	8.9	13.8	12.0	12.8	13.0	11.3	12.1
5-9	12.2	9.7	10.8	14.9	13.1	14.0	14.5	12.5	13.4
10-14	13.3	12.3	12.8	16.4	14.8	15.6	15.9	14.4	15.1
15-19	12.6	9.9	11.1	13.3	10.5	11.9	13.2	10.4	11.7
20-24	10.2	11.6	11.0	9.6	8.2	8.8	9.7	8.8	9.2
25-29	10.4	11.0	10.7	5.7	5.2	5.5	6.5	6.3	6.4
30-34	7.9	6.9	7.4	4.3	4.4	4.3	4.9	4.9	4.9
35-39	5.5	5.8	5.7	3.2	4.1	3.7	3.6	4.4	4.0
40-44	4.6	4.9	4.7	2.6	4.3	3.5	3.0	4.4	3.7
45-49	3.6	4.1	3.9	2.6	3.4	3.0	2.8	3.5	3.2
50-54	3.0	6.0	4.6	2.5	4.0	3.3	2.6	4.4	3.5
55-59	1.7	2.9	2.4	2.1	3.4	2.8	2.1	3.3	2.7
60-64	2.6	1.7	2.1	2.9	3.3	3.1	2.9	3.0	2.9
65-69	1.3	1.7	1.5	2.0	2.4	2.2	1.9	2.2	2.1
70-74	0.8	1.6	1.2	2.2	3.0	2.6	1.9	2.7	2.3
75-79	0.7	0.5	0.6	0.9	1.5	1.2	0.8	1.3	1.1
80 +	0.4	1.0	0.8	0.9	2.3	1.6	0.8	2.0	1.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	2,628	3,226	5,854	12,867	14,026	26,893	15,495	17,252	32,747

Figure 2.1 Population Pyramid



LDHS 2004

2.2 HOUSEHOLD COMPOSITION

Table 2.2 shows the distribution of households by sex of the head of household and by household size, according to rural-urban residence. According to the 2004 LDHS, women head 37 percent of households in Lesotho, an increase from 29 percent as shown in the 1996 population census (BOS, 1996). There are modest differences in female-headed households between urban and rural areas (41 and 36 percent, respectively). This may be somewhat attributed to rural to urban migration exacerbated by the proliferation of textile industries in the cities whose employees are predominantly women.

Table 2.2 Household composition			
Percent distribution of households by sex of head of household and by household size, according to residence, Lesotho 2004			
Characteristic	Residence		Total
	Urban	Rural	
Sex of head of household			
Male	59.5	63.7	62.7
Female	40.5	36.3	37.3
Total	100.0	100.0	100.0
Number of usual members			
1	29.4	11.9	16.0
2	19.4	14.2	15.4
3	18.3	15.6	16.3
4	14.3	17.9	17.0
5	9.1	14.3	13.1
6	4.3	11.1	9.5
7	2.7	6.2	5.3
8	0.9	4.1	3.3
9+	1.4	4.6	3.8
Total	100.0	100.0	100.0
Number of households	2,043	6,549	8,592
Mean size	2.9	4.2	3.9
Note: Table is based on de jure members, i.e., usual residents.			

Table 2.2 further shows that the mean size of a Lesotho household is 3.9 persons, 1.1 person lower than the mean household size of 5 found in the 1996 population census (BOS, 1996 IIIB: 4). As expected, urban households have, on average, much smaller household sizes (2.9 persons) than rural households (4.2 persons). In the 2004 LDHS, the mean household size in both rural and urban areas is lower than in the 1996 population census (3.9 persons for urban areas and 5.2 persons for rural areas).

2.3 EDUCATIONAL ATTAINMENT OF HOUSEHOLD MEMBERS

Tables 2.3.1 and 2.3.2 show the percent distribution of the de facto female and male household population age six years and over by highest level of education attended, according to background characteristics. Eight percent of females and 19 percent of males have no education at all, while seven in ten women and six in ten men have attended or completed primary education only. Among both males and females, about 5 percent have completed secondary or higher education.

The proportion of the household population age six years and above who have attended school is significantly higher for females than males in all age groups. The median number of years of schooling is higher in females (4.8 years) than males (2.8 years).

Table 2.3.1 shows that the proportion of women with no education is higher among older women, suggesting some improvement in education over the years. Urban women are more likely to be educated than rural women. For example, 4 percent of urban females have no education, compared with 9 percent of rural females. The proportion of urban females with some secondary education or higher (42 percent) is more than twice as high as that of rural females (16 percent).

Table 2.3.1 Educational attainment of household population: women

Percent distribution of the de facto female household population age six and over by highest level of education attended or completed, according to background characteristics, Lesotho 2004

Background characteristic	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary	Don't know/missing	Total	Number	Median number of years
Age										
6-9	18.9	80.7	0.0	0.0	0.0	0.0	0.4	100.0	1,797	0.2
10-14	1.0	88.9	6.5	3.4	0.0	0.0	0.1	100.0	2,480	3.4
15-19	1.0	38.8	22.6	35.4	1.7	0.4	0.1	100.0	1,793	6.4
20-24	1.7	23.4	28.1	33.4	10.7	2.5	0.2	100.0	1,517	6.9
25-29	2.3	22.7	28.1	31.7	11.0	4.2	0.0	100.0	1,085	6.9
30-34	2.7	23.3	31.2	31.3	8.6	2.9	0.1	100.0	844	6.8
35-39	3.6	22.5	31.2	33.1	7.1	2.1	0.4	100.0	757	6.7
40-44	4.9	39.3	26.2	20.2	5.8	3.0	0.5	100.0	760	6.2
45-49	5.5	49.8	25.8	11.6	3.3	3.7	0.3	100.0	607	5.6
50-54	11.9	61.7	12.3	9.8	2.0	2.2	0.1	100.0	757	4.4
55-59	7.9	74.6	9.3	4.8	0.9	2.4	0.1	100.0	569	3.6
60-64	16.2	73.3	5.0	2.0	0.9	1.6	1.0	100.0	513	3.1
65+	24.2	69.2	3.7	1.8	0.3	0.4	0.3	100.0	1,440	2.3
Residence										
Urban	3.9	36.3	17.2	27.4	10.0	5.0	0.3	100.0	2,913	6.6
Rural	8.5	59.3	15.6	13.7	2.0	0.6	0.2	100.0	12,034	4.3
Ecological zone										
Lowlands	5.5	49.4	16.7	20.8	5.1	2.2	0.3	100.0	8,579	5.5
Foothills	7.6	62.8	15.7	11.5	1.4	0.9	0.1	100.0	1,798	4.1
Mountains	12.3	62.4	14.6	8.9	1.2	0.4	0.2	100.0	3,573	3.6
Senqu River Valley	8.6	59.4	14.8	13.9	2.5	0.8	0.1	100.0	997	4.3
District										
Butha-Buthe	5.5	54.6	17.3	17.5	2.9	2.2	0.1	100.0	905	5.1
Leribe	5.6	54.5	17.2	18.3	3.5	0.8	0.1	100.0	2,196	5.1
Berea	5.6	59.4	18.2	13.1	2.5	0.8	0.4	100.0	1,696	4.8
Maseru	6.5	44.2	16.7	22.0	6.9	3.3	0.4	100.0	3,757	5.9
Mafeteng	5.7	57.3	14.6	19.0	2.4	0.9	0.1	100.0	1,555	4.6
Mohale's Hoek	9.1	58.6	14.2	14.4	2.6	1.0	0.1	100.0	1,455	4.2
Quthing	11.5	59.2	13.9	12.2	2.1	0.6	0.5	100.0	1,027	4.0
Qacha's Nek	11.0	64.0	11.7	11.1	1.6	0.6	0.0	100.0	532	3.8
Mokhotlong	12.0	62.1	14.5	9.4	1.2	0.8	0.0	100.0	772	3.6
Thaba-Tseka	12.7	63.2	15.1	7.2	1.4	0.2	0.3	100.0	1,052	3.5
Wealth quintile										
Lowest	15.7	69.2	10.6	4.1	0.3	0.0	0.1	100.0	2,816	2.7
Second	9.3	64.4	16.3	8.7	0.8	0.0	0.4	100.0	2,857	3.7
Middle	6.9	59.4	16.3	15.2	1.5	0.4	0.3	100.0	2,979	4.7
Fourth	3.7	50.2	19.6	21.7	3.8	0.7	0.2	100.0	2,993	5.6
Highest	3.4	34.3	16.4	29.8	10.3	5.7	0.1	100.0	3,302	6.7
Total	7.6	54.8	15.9	16.4	3.6	1.5	0.2	100.0	14,947	4.8

Note: Total includes 25 women with missing information on age who are not shown separately.

¹ Completed 7 grade at the primary level

² Completed 12 grade at the secondary level

Women who live in the Mountains zone are more disadvantaged educationally than other women. Among all districts, the highest proportion of women who never went to school is in Thaba-Tseka (13 percent) and Mokhotlong (12 percent) and the lowest in Butha-Buthe, Leribe, Berea, and Mafeteng (6 percent each). It is worth noting that the proportion of female household members who have never attended school decreases with higher wealth status. Sixteen percent of women in the lowest wealth quintile have no education compared with only 3 percent in the highest quintile.

Table 2.3.2 shows that 22 percent of males in rural areas have no education compared with 8 percent in urban areas. There is a marked urban-rural differential in secondary and higher education: 18 percent of males in urban areas have completed secondary or higher education, compared with only 3 percent in rural areas.

Table 2.3.2 Educational attainment of household population: men										
Percent distribution of the de facto male household population age six and over by highest level of education attended or completed, according to background characteristics, Lesotho 2004										
Background characteristic	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary	Don't know/missing	Total	Number	Median number of years
Age										
6-9	21.9	77.0	0.0	0.6	0.0	0.0	0.5	100.0	1,848	0.0
10-14	6.2	89.8	2.6	1.4	0.0	0.0	0.1	100.0	2,461	2.5
15-19	8.3	57.1	10.2	23.3	0.9	0.2	0.1	100.0	2,045	5.0
20-24	13.4	36.5	15.2	22.5	8.4	3.8	0.2	100.0	1,497	6.0
25-29	16.7	32.2	16.1	19.8	10.3	4.4	0.6	100.0	1,009	6.1
30-34	22.3	35.3	15.2	15.2	8.9	3.0	0.0	100.0	756	4.9
35-39	20.0	35.8	14.8	16.3	8.9	4.1	0.0	100.0	560	5.0
40-44	27.5	39.8	10.4	13.0	5.6	3.7	0.0	100.0	459	3.6
45-49	31.7	39.1	8.4	10.1	4.7	6.0	0.0	100.0	427	2.8
50-54	36.5	43.9	5.0	8.0	4.0	2.6	0.0	100.0	401	1.7
55-59	39.1	47.1	4.7	3.2	3.6	2.3	0.0	100.0	318	1.3
60-64	42.0	45.6	4.7	3.7	2.0	1.9	0.1	100.0	443	1.1
65+	48.5	42.9	2.9	3.6	0.8	1.1	0.2	100.0	844	0.1
Residence										
Urban	7.7	41.0	10.1	23.4	11.1	6.5	0.3	100.0	2,334	6.1
Rural	21.7	59.7	7.3	8.5	1.8	0.7	0.2	100.0	10,751	2.3
Ecological zone										
Lowlands	11.9	56.4	9.3	14.6	5.0	2.5	0.3	100.0	7,582	3.8
Foothills	22.8	60.9	6.5	7.8	1.3	0.5	0.1	100.0	1,608	2.1
Mountains	35.1	53.4	4.5	4.8	1.2	0.8	0.2	100.0	3,103	0.7
Senqu River Valley	19.6	59.4	9.0	9.0	2.3	0.7	0.0	100.0	791	2.6
District										
Butha-Buthe	13.5	61.5	8.5	11.9	3.2	1.3	0.1	100.0	824	3.4
Leribe	15.1	59.0	8.6	12.0	3.5	1.6	0.2	100.0	1,834	3.2
Berea	14.8	64.7	7.7	9.2	2.6	0.7	0.4	100.0	1,583	2.9
Maseru	14.1	48.7	9.5	16.8	6.7	3.9	0.3	100.0	3,326	4.3
Mafeteng	15.3	63.1	8.3	10.7	1.9	0.5	0.2	100.0	1,379	2.7
Mohale's Hoek	24.9	55.2	6.5	9.1	2.6	1.5	0.1	100.0	1,257	2.0
Quthing	26.1	57.2	6.7	7.9	1.9	0.3	0.0	100.0	822	1.9
Qacha's Nek	25.8	61.5	4.9	5.6	1.8	0.4	0.0	100.0	471	1.7
Mokhotlong	36.1	49.8	5.4	6.1	1.4	1.1	0.1	100.0	707	0.5
Thaba-Tseka	34.8	53.4	5.1	4.6	0.7	1.2	0.4	100.0	883	0.6
Wealth quintile										
Lowest	39.0	54.1	4.2	2.0	0.3	0.1	0.3	100.0	2,634	0.4
Second	25.0	63.0	6.1	5.1	0.8	0.0	0.1	100.0	2,513	1.7
Middle	15.3	62.3	10.1	9.7	1.7	0.5	0.4	100.0	2,663	3.0
Fourth	10.4	58.5	10.2	15.6	4.0	1.0	0.2	100.0	2,635	3.9
Highest	6.7	44.3	8.4	22.9	10.4	7.1	0.2	100.0	2,640	5.9
Total	19.2	56.4	7.8	11.1	3.5	1.8	0.2	100.0	13,085	2.8
Note: Total includes 17 men with missing information on age who are not shown separately.										
¹ Completed 7 grade at the primary level										
² Completed 12 grade at the secondary level										

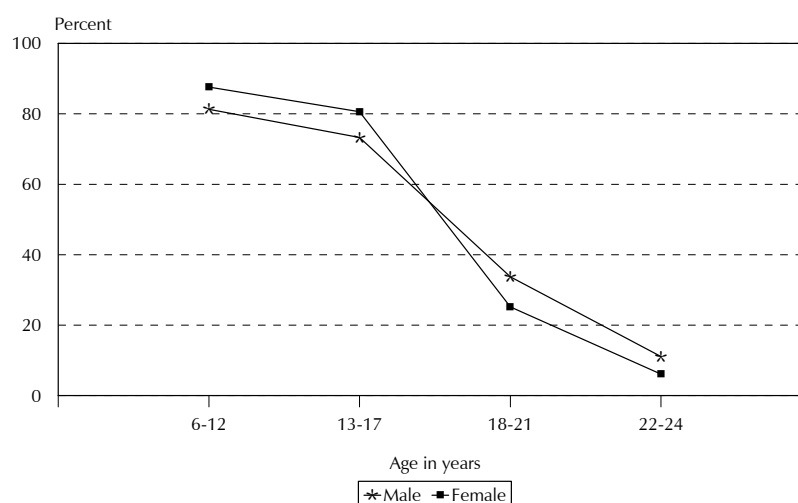
Across districts, the pattern among the male population is similar to that exhibited by the females. The variation in education among the male population according to wealth quintile is also similar to that among the female population. Wealthy males are less likely to have no education, with 7 percent of males in the highest wealth quintile having no education compared with 39 percent in the lowest.

Table 2.4 shows the percentage of the household population age 6-24 years who are currently attending school, by age, sex, and residence. Eighty-one percent of people age 6-17 years are in school, with urban attendance higher than rural attendance (86 and 81 percent, respectively) and female attendance higher than male attendance (85 and 78 percent, respectively). However, at age group 18-21, attendance levels drop dramatically, and they are noticeably higher in urban than in rural areas (42 and 27 percent, respectively) and higher for males than females (34 and 25 percent, respectively).

Age	Male			Female			Total		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
6-12	83.2	81.0	81.3	89.1	87.4	87.6	86.3	84.1	84.5
13-17	85.4	71.2	73.3	84.2	79.8	80.6	84.8	75.2	76.7
6-17	84.2	76.9	77.9	87.0	84.4	84.9	85.7	80.5	81.3
18-21	53.0	29.9	33.7	32.9	23.2	25.2	41.9	26.7	29.5
22-24	20.5	8.9	11.1	12.5	3.9	6.1	15.9	6.5	8.6

Figure 2.2 shows that attendance rates for both males and females are 81 and 88 percent, respectively, at age group 6-12 years. Both boys and girls tend to drop out of school, so that at age group 13-17 years, 73 percent of boys and 81 percent of girls are attending school. After age 13-17 years, girls drop out of school more rapidly than boys. Among youth age 22-24 years, 11 percent of males and 6 percent of females attend school. The largest drop in attendance for both sexes occurs at age 18-21 years (34 percent for males and 25 percent for females).

Figure 2.2 Percentage of Males and Females Currently Attending School, by Age



LDHS 2004

Table 2.5 presents net attendance ratios (NARs) and gross attendance ratios (GARs) for the de jure household population by level of schooling and sex, according to background characteristics. The NAR for primary school measures the proportion of children of primary school age who are attending primary school, while the GAR represents the total number of primary school students age 5-24 as a percentage of children of primary school age. In the Lesotho context, the levels refer to 6 to 12 years for primary and 13 to 17 years for secondary. The GAR is usually higher than the NAR because the GAR includes participation of those who may be older or younger than the official age range for that level. Students who are over age for a given level of school may have started school late, may have repeated one or more grades in school, or may have dropped out of school and later returned.

The NAR indicates that 85 percent of children of primary school age are attending primary school. There is a gender gap among the children who are attending primary school; the NAR is 88 percent for girls and 81 percent for boys. NARs for primary school do not differ by urban-rural residence. Among districts, NARs are highest in Butha-Buthe (92 percent) and lowest in Mokhotlong (79 percent). The GAR indicates that there are children in primary school who are not of primary school age, with ratios of 130 for males and 126 for females. This is probably a result of the introduction of free primary education about six years ago.

As expected, both the NAR and GAR are lower at the secondary school level. The NAR indicates that only 21 percent of the secondary school age population are attending secondary school. Net secondary school attendance is higher for females (NAR of 27) than for males (NAR of 16). The GAR shows that there are many secondary school students who are not of secondary school age. School attendance ratios at the secondary level are lower in rural than in urban areas. For instance, the NAR at the secondary school level in rural areas is 17 percent compared with 42 percent in urban areas. Similarly, the GAR at secondary school is 29 percent in rural areas compared with 73 percent in urban areas.

There is a strong relationship between household economic status and school attendance that can be seen at both the primary and secondary levels and among males and females. The NAR increases from 75 percent among students from poorer households (lowest wealth quintile) in primary school to 88 percent among students from richer households (highest wealth quintile). Similarly, the GAR rises dramatically from 6 percent among secondary school attendees in the lowest wealth quintile to 77 percent among those in the highest wealth quintile.

The Gender Parity Index (GPI) represents the ratio of the GAR for females to the GAR for males. It is presented at both the primary and secondary levels and offers a summary measure of gender differences in school attendance rates. A GPI less than 1 indicates that a smaller proportion of females than males attend school. In Lesotho, the GPI is slightly less than 1 (0.97) for primary school attendance, indicating that the gender gap is relatively small, while for secondary school attendance it is greater than 1 (1.32), indicating that females are advantaged at this educational level. There are no marked differences in GPI by place of residence.

Table 2.5 School attendance ratios

Net attendance ratios (NAR), gross attendance ratios (GAR), and gender parity index (GPI) for the de jure household population age 6-24 by level of schooling and sex, according to background characteristics, Lesotho 2004

Background characteristic	Net attendance ratio ¹			Gross attendance ratio ²			Gender Parity Index ³
	Male	Female	Total	Male	Female	Total	
PRIMARY SCHOOL							
Residence							
Urban	81.6	88.0	85.0	124.1	117.2	120.4	0.94
Rural	81.4	87.6	84.5	131.0	127.3	129.2	0.97
Ecological zone							
Lowlands	85.9	88.5	87.2	137.9	122.3	130.2	0.89
Foothills	81.6	88.3	85.0	136.7	129.6	133.1	0.95
Mountains	71.8	85.1	78.3	109.6	128.4	118.8	1.17
Senqu River Valley	85.2	90.0	87.7	138.9	134.2	136.5	0.97
District							
Butha-Buthe	91.7	92.8	92.2	149.2	125.8	137.4	0.84
Leribe	86.5	91.5	89.1	137.1	126.7	131.7	0.92
Berea	87.2	89.6	88.3	140.1	130.1	135.5	0.93
Maseru	81.8	83.8	82.8	129.5	115.7	122.5	0.89
Mafeteng	83.2	89.6	86.5	147.9	124.3	135.6	0.84
Mohale's Hoek	74.6	84.6	79.6	119.6	127.3	123.5	1.06
Quthing	79.7	87.5	83.5	120.8	132.4	126.4	1.10
Qacha's Nek	75.4	88.0	81.2	120.8	134.0	126.9	1.11
Mokhotlong	72.9	86.9	79.4	103.1	131.4	116.2	1.27
Thaba-Tseka	73.1	87.1	80.0	115.4	132.6	123.9	1.15
Wealth quintile							
Lowest	66.9	83.8	75.1	104.0	126.7	115.0	1.22
Second	79.2	87.2	83.1	126.1	131.6	128.8	1.04
Middle	87.4	87.6	87.5	145.3	128.2	136.9	0.88
Fourth	87.7	92.5	90.1	143.1	128.0	135.6	0.89
Highest	88.3	87.7	88.0	135.2	113.7	123.9	0.84
Total	81.4	87.7	84.6	130.1	125.7	127.9	0.97
SECONDARY SCHOOL							
Residence							
Urban	36.9	46.9	42.1	72.0	73.5	72.8	1.02
Rural	11.9	22.2	16.6	24.6	34.7	29.3	1.41
Ecological zone							
Lowlands	21.2	34.8	27.5	40.7	53.0	46.4	1.30
Foothills	10.4	17.0	13.4	26.9	32.1	29.3	1.19
Mountains	5.7	12.4	8.8	12.5	20.0	16.0	1.60
Senqu River Valley	13.3	26.5	20.0	30.1	41.5	35.9	1.38
District							
Butha-Buthe	16.2	36.2	25.2	41.2	62.8	50.9	1.53
Leribe	16.0	29.1	22.3	32.2	45.2	38.5	1.40
Berea	12.9	27.8	19.9	30.9	39.3	34.8	1.27
Maseru	24.1	35.5	29.4	45.0	55.5	49.9	1.23
Mafeteng	13.0	22.4	16.9	24.3	37.1	29.6	1.53
Mohale's Hoek	19.4	23.6	21.5	34.1	36.0	35.0	1.06
Quthing	12.0	26.4	19.4	28.4	41.4	35.1	1.46
Qacha's Nek	4.5	12.9	8.4	12.2	22.8	17.2	1.86
Mokhotlong	7.0	14.7	10.6	14.7	22.3	18.3	1.51
Thaba-Tseka	4.6	7.7	6.0	11.5	12.8	12.1	1.12
Wealth quintile							
Lowest	1.1	4.9	2.8	4.9	7.1	5.9	1.47
Second	4.9	12.6	8.6	12.5	17.6	15.0	1.41
Middle	13.3	24.9	18.6	24.3	39.0	31.0	1.61
Fourth	18.1	31.7	24.4	42.4	51.3	46.5	1.21
Highest	38.0	53.6	45.6	69.2	84.8	76.8	1.23
Total	15.6	26.6	20.7	31.6	41.7	36.3	1.32

¹ The NAR for primary school is the percentage of the primary-school-age (6-12 years) population that is attending primary school. The NAR for secondary school is the percentage of the secondary-school-age (13-17 years) population that is attending secondary school. By definition, the NAR cannot exceed 100 percent.

² The GAR for primary school is the total number of primary school students, expressed as a percentage of the official primary-school-age population. The GAR for secondary school is the total number of secondary school students, expressed as a percentage of the official secondary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.

³ The Gender Parity Index for primary school is the ratio of the primary school GAR for females to the GAR for males. The Gender Parity Index for secondary school is the ratio of the secondary school GAR for females to the GAR for males.

Table 2.6 shows repetition and dropout rates for the de jure household population age 5-24 by school grade, according to background characteristics. Repetition and dropout rates describe the flow of students through the school system. The repetition rate for the primary education ranges from 6 percent for the sixth grade to 23 percent for the first grade. The repetition rates are higher at every grade for males and rural residents when compared with females and urban residents. There is no clear pattern of repetition rates when looking at other background characteristics.

The dropout rate increases with grade, from 2 percent of students in first grade to 18 percent of those in seventh grade. Dropout rates are higher among male than female students, with the exception of the seventh grade, when this pattern is reversed. Dropout rates are more pronounced in rural than urban areas and among those in the Mountains zone.

2.4 HOUSING CHARACTERISTICS

Given that there is a strong relationship between household economic conditions and exposure to diseases, information on housing characteristics, such as access to electricity, source of drinking water, sanitary facilities, and flooring and roofing materials, is key to explaining the interrelationships between the social and economic conditions of the household and likely exposure to and prevalence of diseases. Table 2.7 shows the percent distribution of households by housing characteristics, according to residence.

The table shows that only 7 percent of Lesotho households have electricity. There is a large discrepancy between urban and rural areas in the proportion of households that have electricity: 26 percent of urban households have electricity compared with less than 1 percent of rural households.

Table 2.6 Grade repetition and dropout rates

Repetition and dropout rates for the de jure household population age 5-24 years by school grade, according to background characteristics, Lesotho 2004

Background characteristic	School grade						
	1	2	3	4	5	6	7
REPETITION RATE ¹							
Sex							
Male	24.6	15.3	10.9	11.4	12.6	6.6	11.7
Female	21.4	9.0	8.3	7.4	11.8	5.9	10.6
Residence							
Urban	16.7	9.3	8.0	5.1	8.2	4.3	2.8
Rural	23.9	12.8	9.9	10.0	13.1	6.7	13.8
Ecological zone							
Lowlands	20.2	12.6	10.0	9.4	11.3	6.7	9.6
Foothills	20.9	8.1	13.1	12.2	17.2	6.3	18.1
Mountains	29.0	14.0	8.9	6.9	11.9	5.9	12.3
Senqu River Valley	19.9	13.1	2.4	10.9	12.2	3.1	12.0
District							
Butha-Buthe	14.1	15.2	12.8	10.9	16.6	7.1	6.6
Leribe	19.0	13.6	11.1	13.8	15.2	10.5	10.6
Berea	26.3	12.3	14.8	11.1	7.7	6.3	29.9
Maseru	17.8	9.8	10.9	8.4	12.0	5.0	6.2
Mafeteng	25.7	13.6	6.9	6.8	16.0	6.8	10.1
Mohale's Hoek	25.5	6.8	4.7	4.1	6.1	2.9	3.7
Quthing	19.5	12.7	2.0	10.9	12.5	4.1	11.2
Qacha's Nek	23.4	13.3	8.9	14.0	19.8	5.5	2.4
Mokhotlong	38.3	15.3	10.3	7.6	0.4	6.2	10.7
Thaba-Tseka	25.2	18.5	8.1	5.1	15.8	7.4	13.5
Wealth quintile							
Lowest	26.0	9.9	8.0	7.6	13.6	2.5	15.6
Second	28.9	13.8	8.8	13.8	8.1	5.5	15.7
Middle	25.0	10.4	12.1	8.7	15.2	9.8	13.2
Fourth	16.8	15.9	10.7	9.7	13.1	4.3	11.4
Highest	15.0	12.1	8.2	5.8	10.2	6.2	6.5
Total	23.1	12.4	9.7	9.3	12.2	6.2	11.1
DROPOUT RATE ²							
Sex							
Male	2.1	2.2	2.5	3.6	3.1	4.7	14.5
Female	0.7	0.6	1.2	2.5	2.9	3.3	19.8
Residence							
Urban	1.0	0.1	0.0	0.1	0.9	0.5	8.4
Rural	1.5	1.7	2.2	3.5	3.5	4.7	20.6
Ecological zone							
Lowlands	0.4	0.0	0.8	2.3	0.9	1.8	14.4
Foothills	1.3	1.6	1.9	3.3	3.4	5.0	21.6
Mountains	3.1	4.4	4.4	5.0	8.8	7.7	32.8
Senqu River Valley	1.5	2.2	2.1	2.2	3.0	9.1	13.3
District							
Butha-Buthe	1.2	0.0	0.0	1.3	0.4	4.6	14.4
Leribe	0.8	0.0	0.0	1.0	1.8	4.5	12.1
Berea	0.0	0.0	1.7	3.3	1.4	2.6	14.8
Maseru	0.3	0.8	2.0	3.0	0.8	2.0	13.0
Mafeteng	0.8	0.3	0.8	4.3	4.4	1.6	32.4
Mohale's Hoek	4.7	4.6	5.5	9.2	5.9	2.3	24.6
Quthing	1.2	0.9	1.9	0.0	5.3	10.1	10.5
Qacha's Nek	4.6	4.4	2.3	6.9	1.5	19.3	32.9
Mokhotlong	0.6	4.4	6.2	1.2	14.0	8.7	44.4
Thaba-Tseka	3.1	4.2	2.5	2.0	4.8	2.2	18.9
Wealth quintile							
Lowest	2.2	2.5	3.9	2.5	7.5	10.5	28.9
Second	3.0	2.5	1.6	5.3	4.9	6.1	26.1
Middle	0.7	1.7	2.7	4.6	3.9	5.6	25.3
Fourth	0.5	0.1	0.6	1.4	1.0	2.7	20.8
Highest	0.0	0.2	0.0	1.2	0.3	0.1	3.6
Total	1.5	1.5	1.9	3.0	3.0	3.9	17.5

¹ The repetition rate is the percentage of students in a given grade in the previous school year who are repeating that grade in the current school year.

² The dropout rate is the percentage of students in a given grade in the previous school year who are not attending school.

Table 2.7 Household characteristics

Percent distribution of households by household characteristics, according to residence, Lesotho 2004

Household characteristic	Residence		Total
	Urban	Rural	
Electricity			
Yes	26.2	0.8	6.8
No	73.6	99.0	93.0
Missing	0.1	0.2	0.2
Total	100.0	100.0	100.0
Source of drinking water			
Piped into dwelling	11.9	0.6	3.3
Piped into yard/plot	39.5	1.5	10.5
Piped into someone else's yard/plot	17.0	1.0	4.8
Public tap	22.0	50.0	43.3
Open well in dwelling/yard/plot	0.0	0.2	0.2
Open public well	3.4	21.7	17.3
Protected well in dwelling/yard/plot	0.7	1.3	1.2
Protected well in someone else's yard/plot	1.3	1.2	1.2
Protected public well	2.9	13.2	10.7
Spring	0.8	6.9	5.4
River, stream	0.0	2.2	1.7
Dam	0.0	0.1	0.1
Tanker truck	0.2	0.1	0.1
Other/missing	0.2	0.1	0.2
Total	100.0	100.0	100.0
Time to water source			
Percentage <15 minutes	75.5	37.0	46.1
Median time to source	0.0	19.4	14.5
Sanitation facility			
Flush toilet	7.7	0.2	2.0
Traditional pit toilet	44.4	29.7	33.2
Ventilated improved pit latrine	40.7	15.7	21.6
No facility, bush, field	7.1	54.4	43.2
Other/missing	0.1	0.1	0.1
Total	100.0	100.0	100.0
Type of cooking fuel			
Electricity	7.0	0.2	1.8
LPG, natural gas	58.2	10.7	22.0
Charcoal	0.0	0.2	0.1
Firewood, straw	6.6	71.0	55.7
Dung	0.5	7.4	5.7
Paraffin	27.4	9.2	13.5
Crop waste	0.1	1.1	0.9
Other/missing	0.1	0.1	0.1
Total	100.0	100.0	100.0
Flooring material			
Mud/earth/dung	6.6	51.1	40.5
Wood planks	0.4	0.1	0.2
Parquet, polished wood	0.1	0.0	0.0
Brick tiles	0.5	0.2	0.3
Tiles	16.8	5.9	8.5
Cement	43.1	14.4	21.2
Carpet	13.0	9.9	10.6
Vinyl, linoleum	19.3	18.2	18.4
Other/missing	0.2	0.1	0.1
Total	100.0	100.0	100.0
Number of households	2,043	6,549	8,592

The availability of and accessibility to potable water may, to a large extent, minimise the prevalence of potentially fatal water-borne diseases among household members. The source of drinking water is an important determinant of potentially fatal diarrhoeal diseases, such as typhoid, cholera, and dysentery. In Lesotho, more than four in ten households (43 percent) get their drinking water from a public tap. Seventeen percent of the households draw their drinking water from open public wells, while 11 percent each use protected public well or piped water located in their yard or plot. Less than 5 percent of households use other types of water supply sources. Forty-six percent of the households are within 15 minutes of their water source, with a median time to water source of about 15 minutes. In urban areas, the main source is piped water in the yard or plot (40 percent), followed by public tap (22 percent). In rural areas, half of the household get their drinking water from a public tap, and more than one in five (22 percent) from an open public well.

The availability of toilet facilities in households ensures a more efficient and hygienic method of human waste disposal. Fifty-seven percent of the households in Lesotho have access to some type of sanitary facility. Three in ten households in Lesotho have traditional pit toilets, while about one in five (22 percent) have ventilated improved pit latrines. Only 2 percent of the households have flush toilets. Traditional pit toilets are more common in urban (44 percent) areas than rural areas (30 percent). As expected, flush toilets are more widely used in urban (8 percent) than in rural areas (less than 1 percent).

The most common source of cooking fuel in Lesotho is firewood or straw (56 percent), followed by LPG or natural gas (22 percent). In urban households, the two most commonly used sources are LPG or natural gas (58 percent) and paraffin (27 percent). In rural areas, seven in ten households use firewood or straw for cooking, and one in ten use LPG or natural gas (11 percent) or paraffin (9 percent).

The type of flooring material used in dwellings is a proxy indicator of the socioeconomic status of the household as well as its likely exposure to disease-causing agents. The predominant flooring materials used by Lesotho households are mud, earth, or dung with a share of 41 percent. Cement is the next most common flooring material, with a share of 21 percent. Forty-three percent of urban households use cement for flooring their houses, and 51 percent of rural households use mud, earth, or dung.

2.5 HOUSEHOLD DURABLE GOODS

Table 2.8 shows the percentage of households possessing various durable goods by urban-rural residence. This indicator provides a rough measure of the socioeconomic status of households. Of the 11 selected durable household goods, sofa or mattress, radio, and horse or donkey or mule were most frequently available. Seventy-nine percent of households in Lesotho own a sofa and mattress, 54 percent own a radio, and 29 percent own a horse or donkey or mule.

There is noticeable urban-rural variation in the proportion of households owning durable goods. Ninety-two percent of households in urban areas have a sofa or mattress, compared with 75 percent of rural households. Similarly, 79 percent of urban households have a radio, compared with 47 percent of rural households. Four percent of urban households and 14 percent of rural households have none of the selected durable goods.

Table 2.8 Household durable goods			
Percentage of households possessing various durable consumer goods, by residence, Lesotho 2004			
Durable consumer goods	Residence		Total
	Urban	Rural	
Energy battery/generator/solar	27.5	15.4	18.3
Radio	78.7	46.5	54.1
Television	32.9	6.9	13.1
Telephone	44.0	9.6	17.8
Refrigerator	28.8	7.5	12.5
Sofa/mattress	91.9	74.8	78.8
Bicycle	4.6	2.6	3.0
Motorcycle/scooter	0.4	0.1	0.2
Car/truck	10.5	2.6	4.5
Horse/donkey/mule	2.5	37.1	28.9
Scotch cart	1.3	12.3	9.7
None of the above	3.5	13.8	11.3
Number of households	2,043	6,549	8,592

2.6 RESIDENCY STATUS

Table 2.9 shows the residency status of the household population in Lesotho. One in ten men (10 percent) and women (11 percent) live elsewhere in Lesotho. There are no significant variations in the proportion of the population who lives elsewhere in Lesotho by various background characteristics, except for education. The proportion of population living elsewhere in Lesotho generally increases with education attainment. Seven percent of men and 3 percent of women live in the Republic of South Africa (RSA). Again, the differentials by background characteristics are not pronounced, except for education and wealth index. The proportion of household population who live in RSA increases with increasing education and wealth index quintile. The patterns are more clear for men than for women because of the larger proportion of men who live in RSA.

The 2004 LDHS results show that 5 percent of the household population live outside of Lesotho, either in RSA or in another country (calculation based on Table 2.9).

Table 2.9 Residency status

Percentage of household population by residency status, according to background characteristics, Lesotho 2004

Background characteristic	Male						Female							
	Percentage usually living:						Percentage usually living:							
	In the household	Else-where in Lesotho	In a country other than RSA			Total	Number	In the household	Else-where in Lesotho	In a country other than RSA			Total	Number
			In RSA	RSA						In RSA	than RSA			
Age														
0-9	94.3	5.3	0.4	0.1	100.0	4,551	93.2	6.1	0.5	0.1	100.0	4,459		
10-19	89.2	9.7	1.0	0.1	100.0	5,250	86.4	12.2	1.2	0.2	100.0	5,035		
20-29	72.7	17.3	9.4	0.5	100.0	3,565	75.9	19.6	4.1	0.4	100.0	3,481		
30-39	67.6	13.2	18.3	0.8	100.0	1,972	81.0	13.1	5.7	0.1	100.0	2,004		
40-49	59.9	9.4	28.1	2.5	100.0	1,498	84.6	8.7	5.9	0.7	100.0	1,662		
50-59	71.0	8.7	19.8	0.5	100.0	1,043	90.4	4.9	4.6	0.1	100.0	1,511		
60+	92.9	4.1	2.6	0.3	100.0	1,414	95.6	3.1	1.1	0.2	100.0	2,089		
Residence														
Urban	83.0	10.2	6.4	0.4	100.0	3,186	87.7	9.8	2.3	0.2	100.0	3,778		
Rural	82.0	9.9	7.6	0.5	100.0	16,132	86.4	10.6	2.7	0.2	100.0	16,493		
Ecological zone														
Lowlands	82.2	9.5	7.8	0.6	100.0	10,878	86.2	10.8	2.7	0.2	100.0	11,418		
Foothills	83.3	9.6	6.9	0.2	100.0	2,392	87.9	9.9	2.0	0.1	100.0	2,479		
Mountains	81.8	11.6	6.3	0.2	100.0	4,815	87.6	9.9	2.2	0.1	100.0	5,014		
Senqu River Valley	80.8	8.4	9.8	1.1	100.0	1,233	84.8	10.4	4.3	0.6	100.0	1,361		
District														
Butha-Buthe	78.9	8.6	11.8	0.7	100.0	1,269	83.7	10.0	5.8	0.4	100.0	1,271		
Leribe	85.0	7.2	7.3	0.4	100.0	2,583	90.3	7.7	1.8	0.2	100.0	2,836		
Berea	86.0	6.6	6.5	0.8	100.0	2,203	90.3	7.5	2.0	0.2	100.0	2,210		
Maseru	84.0	11.1	4.6	0.3	100.0	4,629	87.5	11.0	1.2	0.2	100.0	4,970		
Mafeteng	77.7	11.0	10.8	0.4	100.0	2,180	81.5	14.7	3.7	0.1	100.0	2,216		
Mohale's Hoek	79.0	12.1	8.3	0.7	100.0	1,935	83.3	13.0	3.4	0.1	100.0	2,022		
Quthing	81.1	7.8	9.9	1.2	100.0	1,272	85.9	9.2	4.1	0.8	100.0	1,418		
Qacha's Nek	76.0	11.2	12.4	0.4	100.0	781	81.8	10.6	7.3	0.3	100.0	783		
Mokhotlong	83.9	10.9	5.2	0.0	100.0	1,089	87.1	10.4	2.4	0.0	100.0	1,101		
Thaba-Tseka	81.8	13.6	4.4	0.1	100.0	1,377	89.6	9.8	0.5	0.0	100.0	1,446		
Education														
No education	86.1	8.5	5.0	0.4	100.0	5,811	92.4	6.5	0.9	0.1	100.0	3,763		
Primary, incomplete	84.9	7.8	6.9	0.4	100.0	8,960	91.0	6.8	2.0	0.1	100.0	9,240		
Primary, complete	70.1	15.0	13.9	1.0	100.0	1,534	81.3	14.4	4.0	0.2	100.0	2,989		
Secondary+	72.6	16.4	10.2	0.7	100.0	2,982	76.5	18.8	4.2	0.5	100.0	4,247		
Wealth quintile														
Lowest	84.7	11.1	3.9	0.2	100.0	3,868	87.4	10.1	2.2	0.1	100.0	3,921		
Second	84.6	9.4	5.6	0.3	100.0	3,774	87.6	9.6	2.6	0.2	100.0	3,971		
Middle	82.7	9.7	7.0	0.6	100.0	3,897	86.6	10.0	3.2	0.1	100.0	3,970		
Fourth	80.2	8.7	10.5	0.5	100.0	3,951	86.1	10.9	2.7	0.2	100.0	4,086		
Highest	78.5	10.8	10.0	0.7	100.0	3,828	85.7	11.5	2.3	0.4	100.0	4,324		
Total ¹	82.1	9.9	7.4	0.5	100.0	19,318	86.7	10.5	2.6	0.2	100.0	20,272		

RSA = Republic of South Africa

¹ Total includes 30 cases missing information on age and 15 cases missing information on the residency status.

CHARACTERISTICS OF SURVEY RESPONDENTS

3.1 BACKGROUND CHARACTERISTICS OF RESPONDENTS

Information on the basic characteristics of women and men interviewed in the survey is essential for the interpretation of findings subsequently presented in the report. Background characteristics of the 7,095 women and 2,797 men interviewed in the 2004 LDHS are presented in Table 3.1. For both sexes, the proportion of respondents in each age group declines as age increases, reflecting the comparatively young age structure of the population.

Slightly more than half of female respondents are currently married, compared with 42 percent of males. Almost all respondents in current unions declared themselves as living in formal unions with less than 1 percent of females and males saying they were living together in an informal union. Among female respondents, the proportion divorced or separated is 6 percent compared with 4 percent among males. Nine percent of female respondents are widowed compared with 2 percent of males. Never-married females account for one-third of all women, and around half of males have never married.

Slightly more than three-quarters of both female and male respondents are rural residents. The Lowlands have the largest proportion of respondents followed by the Mountains zone, and Foothills and Senqu River Valley zones have the smallest proportions. By district, the proportions of respondents range from around 3 percent in Qacha's Nek to about 26 percent in Maseru.

Female respondents are less likely than male respondents to have never attended school (2 and 17 percent, respectively). Among those who attended school, female respondents are more likely than males to have attended secondary school. Comparatively few respondents of either gender have gone to school beyond the secondary level (1 percent of females and 3 percent of males), as shown in Tables 3.2.1 and 3.2.2.

Almost half of the survey respondents are Roman Catholic, with one in five belonging to the Lesotho Evangelical Church and another one in five belonging to other Christian denominations (Table 3.1).

3.2 EDUCATIONAL ATTAINMENT AND LITERACY

Tables 3.2.1 and 3.2.2 present the distributions of female and male respondents, respectively, by the highest level of education attained according to selected demographic and socioeconomic characteristics.

The results reveal that younger persons have reached higher levels of school than older people. The results also show that the female-male differential in educational attainment is evident in every age group although the gap, particularly in the proportion who have ever attended school, is much greater among older than younger respondents.

Generally, urban residents have higher educational attainment than rural residents. For example, 58 percent of females in urban areas have attended at least some secondary school, compared with 33 percent of rural residents, and the corresponding figures for males are 52 and 21 percent, respectively.¹

¹ These figures were attained by adding together three education categories: some secondary, completed secondary, and more than secondary.)

Table 3.1 Background characteristics of respondents

Percent distribution of women and men by selected background characteristics, Lesotho 2004

Background characteristic	Women			Men		
	Weighted percent	Weighted	Unweighted	Weighted percent	Weighted	Unweighted
Age						
15-19	24.1	1,710	1,761	26.6	743	752
20-24	20.6	1,463	1,456	18.1	507	508
25-29	14.7	1,044	1,026	13.4	374	367
30-34	11.5	816	807	10.9	305	306
35-39	10.3	728	740	8.3	233	226
40-44	10.4	741	714	5.9	164	163
45-49	8.3	592	591	6.1	170	173
50-54	na	na	na	5.9	164	165
55-59	na	na	na	4.9	137	137
Marital status						
Never married	33.4	2,373	2,358	50.7	1,419	1,403
Married	51.6	3,662	3,668	42.2	1,179	1,191
Living together	0.7	47	58	0.4	12	16
Divorced/separated	5.6	401	382	4.4	124	121
Widowed	8.6	613	629	2.2	60	64
Residence						
Urban	23.7	1,682	1,945	21.5	603	694
Rural	76.3	5,413	5,150	78.5	2,194	2,103
Ecological zone						
Lowlands	60.6	4,299	3,118	62.0	1,734	1,248
Foothills	11.1	787	999	11.0	307	392
Mountains	22.2	1,572	2,274	20.9	585	877
Senqu River Valley	6.2	437	704	6.1	171	280
District						
Butha-Buthe	6.5	458	774	6.5	182	304
Leribe	15.0	1,065	845	14.1	393	297
Berea	10.9	776	685	12.5	350	330
Maseru	26.3	1,868	1,059	26.5	741	405
Mafeteng	10.6	755	709	10.6	297	285
Mohale's Hoek	9.6	684	803	10.1	281	331
Quthing	6.5	461	574	6.0	167	200
Qacha's Nek	3.3	233	497	3.6	99	213
Mokhotlong	5.1	360	605	4.6	130	238
Thaba-Tseka	6.1	435	544	5.6	156	194
Education						
No education	2.0	145	169	17.1	479	549
Primary, incomplete	30.1	2,136	2,244	42.7	1,194	1,165
Primary, complete	27.3	1,936	1,939	12.2	342	333
Secondary+	40.6	2,878	2,743	28.0	783	750
Religion						
Roman Catholic Church	44.9	3,187	3,153	46.5	1,300	1,257
Lesotho Evangelical Church	20.3	1,442	1,378	21.6	605	561
Anglican Church	9.7	691	675	9.1	253	264
Other Christian	24.0	1,704	1,813	16.9	473	525
No religion	0.7	52	60	5.6	158	182
Wealth quintile						
Lowest	13.9	987	1,160	16.7	466	543
Second	18.2	1,294	1,405	18.4	514	553
Middle	17.7	1,258	1,259	20.2	566	551
Fourth	22.5	1,595	1,455	22.2	621	568
Highest	27.6	1,962	1,816	22.5	630	582
Total	100.0	7,095	7,095	100.0	2,797	2,797

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.

na = Not applicable

Respondents living in the Lowlands are more likely to have a secondary or higher education than respondents from the other zones. Looking at districts, the proportions of respondents with a secondary education are lowest in Thaba-Tseka for both sexes and highest in Mafeteng and Maseru for females and in Maseru for males.

As expected, the level of education increases with the wealth index. Among females in the lowest wealth quintile only 12 percent have at least some secondary education, compared with 62 percent of those in the highest quintile.

Table 3.2.1 Educational attainment by background characteristics: women

Percent distribution of women by highest level of schooling attended or completed, and median number of years of schooling, according to background characteristics, Lesotho 2004

Background characteristic	Highest level of schooling attended or completed						Total	Number of women	Median years of schooling
	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary			
Age									
15-19	0.3	35.8	23.6	37.3	3.0	0.0	100.0	1,710	6.6
20-24	1.2	24.5	28.5	33.9	10.7	1.2	100.0	1,463	6.9
25-29	2.1	25.1	27.3	32.3	11.0	2.4	100.0	1,044	6.8
30-34	2.4	25.1	33.7	29.5	7.8	1.5	100.0	816	6.7
35-39	2.9	25.4	31.7	32.5	6.3	1.3	100.0	728	6.7
40-44	4.4	41.1	27.9	20.7	4.4	1.5	100.0	741	6.2
45-49	4.8	50.7	27.2	12.0	2.3	2.9	100.0	592	5.6
Residence									
Urban	0.8	17.7	23.8	40.2	14.7	2.8	100.0	1,682	8.1
Rural	2.4	35.6	29.2	27.7	4.2	0.8	100.0	5,413	6.4
Ecological zone									
Lowlands	1.1	24.5	27.1	36.4	9.2	1.6	100.0	4,299	6.9
Foothills	1.8	39.4	29.9	24.1	3.4	1.4	100.0	787	6.3
Mountains	4.6	45.2	28.9	18.7	2.1	0.5	100.0	1,572	6.0
Senqu River Valley	2.8	34.4	28.1	28.9	5.0	0.8	100.0	437	6.5
District									
Butha-Buthe	1.7	28.3	29.0	32.3	6.1	2.5	100.0	458	6.7
Leribe	0.8	28.5	29.7	33.9	6.1	1.0	100.0	1,065	6.7
Berea	1.3	33.7	32.6	26.5	4.9	1.0	100.0	776	6.4
Maseru	0.9	22.0	25.9	36.5	12.5	2.2	100.0	1,868	7.1
Mafeteng	1.5	28.5	27.3	37.1	5.0	0.6	100.0	755	6.7
Mohale's Hoek	2.9	37.7	25.0	28.9	4.6	0.8	100.0	684	6.4
Quthing	4.0	41.0	26.4	24.2	3.8	0.7	100.0	461	6.2
Qacha's Nek	5.4	44.9	22.5	23.3	3.2	0.7	100.0	233	6.0
Mokhotlong	6.8	44.0	26.8	18.8	2.5	1.2	100.0	360	6.0
Thaba-Tseka	3.5	45.1	33.4	15.2	2.5	0.3	100.0	435	6.0
Wealth quintile									
Lowest	6.2	55.7	26.2	11.0	0.9	0.0	100.0	987	5.3
Second	3.7	45.0	32.7	17.2	1.2	0.1	100.0	1,294	6.0
Middle	1.5	33.2	29.8	31.4	3.4	0.7	100.0	1,258	6.5
Fourth	0.7	23.0	31.1	37.9	6.7	0.6	100.0	1,595	6.8
Highest	0.3	15.8	21.7	43.0	15.4	3.7	100.0	1,962	8.2
Total	2.0	31.4	27.9	30.6	6.7	1.3	100.0	7,095	6.6

¹ Completed 7 grade at the primary level

² Completed 12 grade at the secondary level

Table 3.2.2 Educational attainment by background characteristics: men

Percent distribution of men by highest level of schooling attended or completed, and median number of years of schooling, according to background characteristics, Lesotho 2004

Background characteristic	Highest level of schooling attended or completed						Total	Number of men	Median years of schooling
	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary			
Age									
15-19	4.3	55.9	11.8	25.7	2.0	0.3	100.0	743	5.4
20-24	12.9	34.0	18.6	24.4	8.0	2.2	100.0	507	6.2
25-29	18.5	33.3	12.4	20.5	11.2	4.1	100.0	374	5.8
30-34	22.1	38.3	16.1	12.6	8.1	2.8	100.0	305	4.8
35-39	18.4	41.5	13.0	16.4	5.7	5.0	100.0	233	4.5
40-44	23.3	37.6	15.1	15.2	7.0	1.8	100.0	164	3.8
45-49	34.7	33.9	6.8	5.8	7.0	11.8	100.0	170	2.6
50-54	36.7	42.9	4.0	10.5	4.4	1.5	100.0	164	2.0
55-59	32.3	57.2	1.6	2.9	4.1	1.9	100.0	137	1.4
Residence									
Urban	5.6	26.3	15.8	30.5	14.0	7.7	100.0	603	7.3
Rural	20.3	47.2	11.7	15.5	4.0	1.4	100.0	2,194	4.3
Ecological zone									
Lowlands	9.6	41.0	14.3	23.3	8.1	3.7	100.0	1,734	5.9
Foothills	19.4	53.1	9.4	14.0	2.9	1.3	100.0	307	3.7
Mountains	37.0	42.2	8.4	8.3	2.9	1.2	100.0	585	2.5
Senqu River Valley	20.9	42.5	15.4	16.7	3.5	0.9	100.0	171	5.0
District									
Butha-Buthe	12.3	45.1	14.6	21.1	4.6	2.3	100.0	182	5.4
Leribe	13.2	41.5	11.7	18.9	11.8	2.8	100.0	393	5.6
Berea	13.1	52.1	13.0	16.6	4.2	1.0	100.0	350	4.7
Maseru	10.9	34.3	13.5	25.6	9.6	6.1	100.0	741	6.3
Mafeteng	14.2	49.7	14.3	19.8	1.9	0.1	100.0	297	4.4
Mohale's Hoek	23.1	43.5	12.3	15.7	3.7	1.7	100.0	281	4.1
Quthing	28.6	43.7	10.7	12.6	3.8	0.5	100.0	167	3.8
Qacha's Nek	24.2	53.1	6.6	11.9	3.6	0.6	100.0	99	3.6
Mokhotlong	33.7	38.0	9.2	14.7	2.7	1.7	100.0	130	3.4
Thaba-Tseka	35.0	42.5	13.2	5.6	1.0	2.7	100.0	156	2.8
Wealth quintile									
Lowest	43.2	46.1	6.7	3.1	0.5	0.4	100.0	466	1.2
Second	22.5	56.0	10.2	9.3	2.0	0.0	100.0	514	3.4
Middle	14.6	49.1	15.4	16.1	3.8	1.0	100.0	566	5.0
Fourth	8.4	39.2	18.0	26.2	7.4	0.8	100.0	621	6.1
Highest	4.2	26.9	11.1	33.0	14.5	10.2	100.0	630	8.1
Total	17.1	42.7	12.6	18.7	6.1	2.7	100.0	2,797	5.0

¹ Completed 7 grade at the primary level

² Completed 12 grade at the secondary level

The 2004 LDHS interviewers asked respondents to read a simple, short sentence to establish literacy. The sentences were written in Sesotho and English (for those who were interviewed in English). Tables 3.3.1 and 3.3.2 show the percent distributions of female and male respondents, respectively, by level of literacy and the percent literate, according to background characteristics.

Table 3.3.1 Literacy: women

Percent distribution of women by level of schooling attended and by level of literacy, and percent literate, according to background characteristics, Lesotho 2004

Background characteristic	Secondary school or higher	No schooling or primary school					Missing	Total	Number of women	Percent literate ¹
		Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language					
Age										
15-19	40.3	51.0	5.3	2.5	0.0	0.8	100.0	1,710	96.6	
20-24	45.8	45.3	4.4	3.9	0.1	0.6	100.0	1,463	95.5	
25-29	45.6	45.2	5.3	3.5	0.0	0.4	100.0	1,044	96.1	
30-34	38.8	51.1	5.5	4.2	0.1	0.3	100.0	816	95.4	
35-39	40.1	50.7	4.5	4.3	0.1	0.3	100.0	728	95.3	
40-44	26.6	58.4	6.7	7.9	0.1	0.3	100.0	741	91.7	
45-49	17.3	65.3	6.7	10.1	0.0	0.6	100.0	592	89.2	
Residence										
Urban	57.7	38.2	1.9	1.9	0.0	0.3	100.0	1,682	97.8	
Rural	32.8	54.9	6.4	5.3	0.1	0.6	100.0	5,413	94.0	
Ecological zone										
Lowlands	47.2	45.8	3.4	3.0	0.0	0.5	100.0	4,299	96.5	
Foothills	28.9	58.3	8.0	4.4	0.0	0.4	100.0	787	95.2	
Mountains	21.3	59.9	9.4	8.7	0.2	0.5	100.0	1,572	90.7	
Senqu River Valley	34.6	55.4	4.2	4.9	0.0	0.8	100.0	437	94.3	
District										
Butha-Buthe	41.0	52.4	2.7	3.6	0.0	0.3	100.0	458	96.1	
Leribe	41.0	51.7	4.5	2.3	0.0	0.5	100.0	1,065	97.1	
Berea	32.4	57.8	4.1	4.5	0.2	0.9	100.0	776	94.4	
Maseru	51.2	39.5	6.0	3.0	0.0	0.3	100.0	1,868	96.7	
Mafeteng	42.6	49.3	4.9	3.2	0.0	0.0	100.0	755	96.8	
Mohale's Hoek	34.4	56.9	3.4	4.3	0.0	1.0	100.0	684	94.7	
Quthing	28.7	57.2	6.0	7.0	0.2	0.9	100.0	461	91.9	
Qacha's Nek	27.3	47.3	15.4	8.8	0.7	0.5	100.0	233	90.0	
Mokhotlong	22.4	60.9	6.3	9.7	0.0	0.5	100.0	360	89.7	
Thaba-Tseka	18.1	64.7	5.9	10.9	0.0	0.5	100.0	435	88.6	
Wealth quintile										
Lowest	11.9	64.4	11.4	11.6	0.2	0.5	100.0	987	87.7	
Second	18.5	63.6	9.7	7.9	0.0	0.3	100.0	1,294	91.8	
Middle	35.5	55.6	4.4	3.7	0.2	0.5	100.0	1,258	95.5	
Fourth	45.2	49.0	2.7	2.2	0.0	0.9	100.0	1,595	96.9	
Highest	62.1	34.3	2.1	1.1	0.0	0.3	100.0	1,962	98.5	
Total	38.7	50.9	5.3	4.5	0.1	0.5	100.0	7,095	94.9	

¹ Refers to women who attended secondary school or higher and women who can read a whole sentence or part of a sentence

The literacy rate is higher for females (95 percent) than for males (75 percent). This pattern is not unexpected in view of the generally higher educational attainment of females than males. Looking at other differentials, the literacy rate decreases with increasing age, particularly among male respondents. Among female respondents, there are relatively minor differences in literacy rates by residence, with urban females only slightly more likely to be able to read than rural females (98 and 94 percent, respectively). Among male respondents, the residential differential is more pronounced, with the literacy rate for urban males (91 percent) being 20 percentage points higher than the rate for rural males. Literacy rates rise with increasing wealth, with variations being more significant for males than for females.

Table 3.3.2 Literacy: men

Percent distribution of men by level of schooling attended and by level of literacy, and percent literate, according to background characteristics, Lesotho 2004

Background characteristic	Secondary school or higher	No schooling or primary school					Missing	Total	Number of men	Percent literate ¹
		Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language					
Age										
15-19	28.0	48.9	8.9	13.6	0.0	0.6	100.0	743	85.8	
20-24	34.6	36.4	6.8	21.0	0.3	1.0	100.0	507	77.7	
25-29	35.8	32.5	5.2	26.6	0.0	0.0	100.0	374	73.4	
30-34	23.5	36.8	8.1	31.4	0.0	0.2	100.0	305	68.4	
35-39	27.1	36.1	11.5	25.4	0.0	0.0	100.0	233	74.6	
40-44	24.0	42.5	6.8	26.7	0.0	0.0	100.0	164	73.3	
45-49	24.6	30.2	10.3	34.9	0.0	0.0	100.0	170	65.1	
50-54	16.4	39.5	7.4	36.3	0.5	0.0	100.0	164	63.3	
55-59	8.9	45.0	5.1	41.0	0.0	0.0	100.0	137	59.0	
Residence										
Urban	52.3	34.3	4.4	8.8	0.0	0.2	100.0	603	91.0	
Rural	20.9	41.3	8.7	28.6	0.1	0.4	100.0	2,194	70.9	
Ecological zone										
Lowlands	35.1	41.3	7.5	15.6	0.1	0.4	100.0	1,734	83.9	
Foothills	18.1	40.9	10.5	30.0	0.0	0.5	100.0	307	69.5	
Mountains	12.4	32.4	7.5	47.4	0.1	0.3	100.0	585	52.2	
Senqu River Valley	21.1	47.9	7.2	23.8	0.0	0.0	100.0	171	76.2	
District										
Butha-Buthe	28.0	47.8	6.3	17.9	0.0	0.0	100.0	182	82.1	
Leribe	33.5	38.5	10.6	16.4	0.0	1.1	100.0	393	82.6	
Berea	21.8	47.1	6.7	24.2	0.0	0.1	100.0	350	75.7	
Maseru	41.2	32.2	8.4	17.7	0.0	0.4	100.0	741	81.9	
Mafeteng	21.7	44.2	8.0	25.3	0.5	0.3	100.0	297	73.9	
Mohale's Hoek	21.1	47.3	6.1	25.4	0.0	0.0	100.0	281	74.6	
Quthing	17.0	40.9	7.1	34.3	0.0	0.5	100.0	167	65.1	
Qacha's Nek	16.1	32.5	15.5	35.2	0.8	0.0	100.0	99	64.1	
Mokhotlong	19.1	33.4	3.7	43.1	0.0	0.6	100.0	130	56.3	
Thaba-Tseka	9.4	39.8	4.1	46.7	0.0	0.0	100.0	156	53.3	
Wealth quintile										
Lowest	4.0	32.2	9.1	54.5	0.0	0.2	100.0	466	45.3	
Second	11.4	45.3	8.5	34.6	0.1	0.2	100.0	514	65.1	
Middle	20.9	49.3	9.4	20.2	0.0	0.3	100.0	566	79.5	
Fourth	34.4	42.4	8.0	14.5	0.2	0.5	100.0	621	84.8	
Highest	57.7	29.8	4.8	6.9	0.0	0.7	100.0	630	92.4	
Total	27.6	39.8	7.8	24.3	0.1	0.4	100.0	2,797	75.2	

¹ Refers to men who attended secondary school or higher and men who can read a whole sentence or part of a sentence

3.3 ACCESS TO MASS MEDIA

Mass media access is essential in increasing people's knowledge and awareness of what is taking place around them, which may eventually affect their perceptions and behaviour. In the survey, exposure to media was assessed by asking respondents how often they read newspapers, watched television, or listened to a radio. Tables 3.4.1 and 3.4.2 show the percentage of female and male respondents exposed to different types of mass media by various background characteristics such as age, residence, education, and wealth index. This information is important in helping to identify population groups that are more commonly reached by mass media for purposes of assisting health, poverty alleviation, HIV/AIDS, and other development programmes to spread information more efficiently.

Table 3.4.1 Exposure to mass media: women						
Percentage of women who usually read a newspaper at least once a week, watch television at least once a week, and listen to the radio at least once a week, by background characteristics, Lesotho 2004						
Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media	No media	Number of women
Age						
15-19	15.3	16.3	52.0	5.6	43.1	1,710
20-24	13.9	12.0	51.2	3.3	45.1	1,463
25-29	13.5	16.0	56.3	5.3	40.0	1,044
30-34	13.6	14.7	62.0	3.4	34.9	816
35-39	13.5	13.4	58.8	3.9	37.4	728
40-44	11.5	13.8	54.4	3.1	43.6	741
45-49	10.0	10.4	49.0	2.8	48.6	592
Residence						
Urban	22.2	34.6	74.1	10.8	20.2	1,682
Rural	10.8	7.8	48.2	2.1	48.8	5,413
Ecological zone						
Lowlands	17.3	21.3	66.3	6.1	29.3	4,299
Foothills	9.2	5.4	48.0	1.7	49.9	787
Mountains	6.5	1.8	28.1	0.8	69.4	1,572
Senqu River Valley	9.3	4.2	41.6	1.3	55.1	437
District						
Butha-Buthe	15.9	8.8	57.0	3.3	38.8	458
Leribe	14.1	16.1	58.1	4.7	38.4	1,065
Berea	18.3	13.4	59.7	4.0	35.0	776
Maseru	17.6	26.1	67.8	7.7	28.0	1,868
Mafeteng	12.7	11.7	59.3	3.6	38.0	755
Mohale's Hoek	8.2	11.3	52.1	2.2	45.0	684
Quthing	8.9	3.1	37.9	1.1	59.1	461
Qacha's Nek	8.1	3.7	33.4	1.2	63.8	233
Mokhotlong	10.4	2.0	31.9	1.2	65.1	360
Thaba-Tseka	3.7	0.9	16.7	0.3	81.0	435
Education						
No education	0.0	0.1	22.7	0.0	77.3	145
Primary, incomplete	5.0	5.3	36.2	0.7	61.1	2,136
Primary, complete	9.7	8.7	51.7	1.3	44.9	1,936
Secondary+	23.1	25.1	71.2	8.8	24.2	2,878
Wealth quintile						
Lowest	4.6	1.0	10.5	0.3	86.2	987
Second	6.9	2.4	31.0	0.2	65.4	1,294
Middle	8.0	4.0	48.7	0.7	49.0	1,258
Fourth	14.0	7.1	67.9	1.7	29.4	1,595
Highest	25.5	40.8	84.4	12.9	10.3	1,962
Total	13.5	14.1	54.3	4.2	42.1	7,095

Table 3.4.2 Exposure to mass media: men

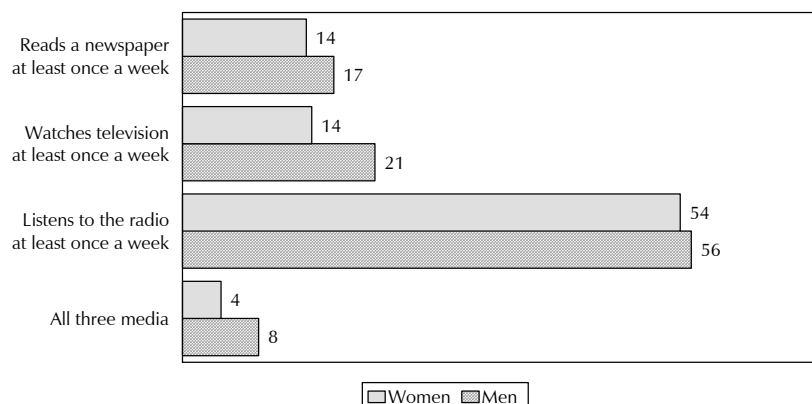
Percentage of men who usually read a newspaper at least once a week, watch television at least once a week, and listen to the radio at least once a week, by background characteristics, Lesotho 2004

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media	No media	Number of men
Age						
15-19	12.7	20.2	52.2	6.1	43.5	743
20-24	16.3	21.6	58.9	7.9	37.1	507
25-29	20.3	24.2	58.3	9.1	35.5	374
30-34	14.8	21.4	53.0	7.2	42.9	305
35-39	19.3	23.3	61.3	11.9	35.1	233
40-44	22.0	17.9	57.0	10.5	40.2	164
45-49	21.1	23.4	54.4	14.2	44.3	170
50-54	15.0	20.5	54.5	10.2	44.6	164
55-59	15.5	11.9	48.7	3.0	48.0	137
Residence						
Urban	34.0	46.0	77.7	21.2	16.2	603
Rural	11.7	14.2	49.4	4.7	47.4	2,194
Ecological zone						
Lowlands	21.2	30.0	66.6	11.7	28.7	1,734
Foothills	11.5	8.4	48.9	2.8	48.4	307
Mountains	7.5	4.9	28.9	2.4	68.7	585
Senqu River Valley	8.4	8.0	45.3	3.2	52.2	171
District						
Butha-Buthe	16.8	18.4	62.2	7.0	34.3	182
Leribe	20.7	26.5	60.3	12.2	36.8	393
Berea	16.0	24.2	57.2	7.0	37.2	350
Maseru	25.1	32.2	68.8	14.9	27.0	741
Mafeteng	10.7	15.6	52.4	3.6	42.3	297
Mohale's Hoek	9.7	20.0	56.2	4.4	40.1	281
Quthing	9.9	3.9	39.6	1.9	58.0	167
Qacha's Nek	13.0	8.1	35.4	3.2	61.3	99
Mokhotlong	7.8	5.3	35.3	2.9	62.3	130
Thaba-Tseka	5.6	1.9	19.3	1.3	78.5	156
Education						
No education	0.7	5.4	30.3	0.0	68.7	479
Primary, incomplete	6.4	13.7	47.3	2.3	49.2	1,194
Primary, complete	18.4	20.1	64.7	7.3	32.3	342
Secondary+	40.7	42.2	79.2	22.8	14.1	783
Wealth quintile						
Lowest	2.5	3.3	15.7	0.6	82.3	466
Second	7.3	7.8	41.0	1.0	55.3	514
Middle	11.1	12.7	54.5	4.6	41.1	566
Fourth	16.7	20.9	66.4	4.4	28.7	621
Highest	39.1	52.6	86.8	27.0	9.3	630
Total	16.5	21.0	55.5	8.3	40.6	2,797

Radio has the widest audience, with 54 percent of females and 56 percent of males saying they listen to the radio at least once a week (Figure 3.1). In comparison, 14 percent of females and 21 percent of males, watch television at least once a week and 14 percent of females and 17 percent of males report they read a newspaper or a magazine weekly. Nearly identical percentages of females and males are not exposed to any type of media on a regular basis (42 and 41 percent, respectively). Only 4 percent of women and 8 percent of men are exposed to all three of these media sources weekly.

The data show that there are relatively large differences for both sexes in the proportions having access to media by residence. For example, urban residents are much more likely to have been exposed to some form of media than rural residents for both sexes. Considering other residential categories, exposure to media is most common in the Lowlands zone and in Maseru district. The proportion with access to media increases with increasing education level and wealth of respondents.

Figure 3.1 Access to Mass Media



LDHS 2004

3.4 EMPLOYMENT

3.4.1 Employment Status

The 2004 LDHS asked respondents whether they were employed at the time of the survey and, if not, whether they were employed in the 12 months preceding the survey. Tables 3.5.1 and 3.5.2 show that 38 percent of women and 32 percent of men are currently employed and that 6 percent of women and 14 percent of men were not working at the time of the survey but had been employed at some point in the 12 months preceding the survey.

The proportion of women currently employed increases with age up to age group 25-29 and, for men, it increases up to age group 35-39 before falling somewhat at older ages. Women who are divorced, separated, or widowed are most likely to be employed (51 percent), followed by those who are married (43 percent). In contrast, married men are somewhat more likely to be employed than divorced, separated, or widowed men.

Urban residents are more likely to be currently employed than rural residents. Looking at the pattern by district, the percentages currently employed are highest for both sexes in Maseru (48 and 39 percent, respectively). Mokhotlong has the lowest percentage of women currently employed (27 percent), and the percentage of currently employed men is lowest in Butha-Buthe and Quthing (22 and 21 percent respectively).

The proportion currently employed is higher in men with no education (36 percent) and in women who have attended or completed secondary education or higher (42 percent). The proportion currently employed generally increases as the wealth index increases, with those in the highest wealth quintile much more likely to be currently employed than individuals in the bottom four quintiles.

Table 3.5.1 Employment status: women

Percent distribution of women by employment status, according to background characteristics, Lesotho 2004

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Missing/ don't know	Total	Number of respondents
	Currently employed	Not currently employed				
Age						
15-19	15.3	3.4	81.3	0.0	100.0	1,710
20-24	33.9	8.1	58.0	0.0	100.0	1,463
25-29	50.0	9.9	40.0	0.0	100.0	1,044
30-34	48.2	5.8	46.0	0.0	100.0	816
35-39	50.8	6.8	42.0	0.3	100.0	728
40-44	49.8	6.2	44.0	0.0	100.0	741
45-49	52.5	5.5	42.0	0.0	100.0	592
Marital status						
Never married	26.3	5.5	68.2	0.0	100.0	2,373
Married or living together	42.6	6.5	50.8	0.0	100.0	3,709
Divorced/separated/widowed	51.4	8.1	40.4	0.1	100.0	1,014
Number of living children						
0	26.4	5.3	68.3	0.0	100.0	2,386
1-2	43.7	7.8	48.6	0.0	100.0	2,563
3-4	47.5	6.3	46.2	0.0	100.0	1,327
5+	42.1	5.6	52.0	0.3	100.0	820
Residence						
Urban	55.0	7.4	37.7	0.0	100.0	1,682
Rural	33.2	6.1	60.6	0.0	100.0	5,413
Ecological zone						
Lowlands	41.4	6.7	51.8	0.0	100.0	4,299
Foothills	32.3	4.5	63.1	0.1	100.0	787
Mountains	34.2	6.6	59.2	0.0	100.0	1,572
Senqu River Valley	34.3	6.1	59.5	0.0	100.0	437
District						
Butha-Buthe	29.7	4.1	66.1	0.0	100.0	458
Leribe	42.5	4.3	53.1	0.1	100.0	1,065
Berea	34.6	9.8	55.5	0.0	100.0	776
Maseru	47.8	7.3	45.0	0.0	100.0	1,868
Mafeteng	33.2	3.0	63.8	0.0	100.0	755
Mohale's Hoek	33.3	8.5	58.1	0.2	100.0	684
Quthing	31.8	5.5	62.7	0.0	100.0	461
Qacha's Nek	31.8	10.6	57.6	0.0	100.0	233
Mokhotlong	27.3	7.1	65.6	0.0	100.0	360
Thaba-Tseka	40.8	5.2	54.0	0.0	100.0	435
Education						
No education	34.4	7.5	57.2	0.9	100.0	145
Primary, incomplete	35.3	5.4	59.2	0.0	100.0	2,136
Primary, complete	37.5	7.5	55.0	0.0	100.0	1,936
Secondary+	41.5	6.4	52.1	0.0	100.0	2,878
Wealth quintile						
Lowest	31.5	6.7	61.9	0.0	100.0	987
Second	31.5	6.1	62.2	0.1	100.0	1,294
Middle	32.2	7.2	60.5	0.1	100.0	1,258
Fourth	36.3	6.6	57.1	0.0	100.0	1,595
Highest	52.1	5.9	42.1	0.0	100.0	1,962
Total	38.4	6.4	55.1	0.0	100.0	7,095

Table 3.5.2 Employment status: men

Percent distribution of men by employment status, according to background characteristics, Lesotho 2004

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Missing/ don't know	Total	Number of men
	Currently employed	Not currently employed				
Age						
15-19	13.5	7.0	77.0	2.6	100.0	743
20-24	30.3	11.9	56.5	1.3	100.0	507
25-29	39.4	23.5	36.5	0.6	100.0	374
30-34	42.4	19.8	33.7	4.2	100.0	305
35-39	52.4	12.4	34.4	0.8	100.0	233
40-44	41.1	17.1	40.0	1.8	100.0	164
45-49	47.9	13.2	37.2	1.7	100.0	170
50-54	32.0	20.4	47.5	0.1	100.0	164
55-59	32.4	15.4	51.4	0.7	100.0	137
Marital status						
Never married	22.4	10.4	65.0	2.2	100.0	1,419
Married or living together	43.2	17.6	38.0	1.2	100.0	1,191
Divorced/separated/widowed	35.5	20.6	41.9	2.0	100.0	184
Number of living children						
0	24.3	11.2	62.5	1.9	100.0	1,561
1-2	44.1	16.3	37.7	1.9	100.0	635
3-4	42.4	20.5	35.3	1.8	100.0	359
5+	35.4	17.3	46.8	0.4	100.0	242
Residence						
Urban	44.1	14.1	40.0	1.8	100.0	603
Rural	28.8	14.1	55.3	1.8	100.0	2,194
District						
Butha-Buthe	22.2	20.0	55.5	2.2	100.0	182
Leribe	35.8	15.3	47.9	1.0	100.0	393
Berea	37.7	13.0	47.5	1.9	100.0	350
Maseru	39.1	12.7	45.4	2.7	100.0	741
Mafeteng	26.9	9.2	63.6	0.2	100.0	297
Mohale's Hoek	25.2	14.8	59.0	1.0	100.0	281
Quthing	20.6	12.1	66.2	1.1	100.0	167
Qacha's Nek	38.2	25.6	35.2	1.0	100.0	99
Mokhotlong	27.0	22.2	49.5	1.4	100.0	130
Thaba-Tseka	23.3	9.4	63.2	4.0	100.0	156
Education						
No education	35.7	18.5	43.4	2.4	100.0	479
Primary, incomplete	30.4	13.6	54.1	1.9	100.0	1,194
Primary, complete	33.8	12.8	51.0	2.4	100.0	342
Secondary+	31.8	12.7	54.6	0.9	100.0	783
Wealth quintile						
Lowest	27.3	19.3	51.9	1.5	100.0	466
Second	26.6	13.2	58.1	2.1	100.0	514
Middle	30.0	16.5	52.2	1.3	100.0	566
Fourth	30.4	14.4	52.9	2.4	100.0	621
Highest	43.7	8.6	46.2	1.4	100.0	630
Total	32.1	14.1	52.0	1.8	100.0	2,797

3.4.2 Occupation

The distributions of women and men employed in the 12 months preceding the survey by occupation are shown in Tables 3.6.1 and 3.6.2. One in three working women and almost four in ten working men are engaged in agricultural occupations. Among both women and men, the next most common occupation is skilled manual labour (27 and 32 percent, respectively). The sales and service sector is the third most common occupation category, engaging 18 percent of women and 12 percent of men. Ten percent of employed women do domestic work, and 7 percent work in professional, technical, or managerial fields.

Background characteristic	Professional/technical/managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agriculture	Total	Number of women
Age									
15-19	1.9	0.6	13.1	9.7	7.1	27.9	39.7	100.0	320
20-24	3.5	3.1	17.8	33.9	2.5	11.2	28.0	100.0	614
25-29	7.0	4.5	15.1	37.7	1.8	9.0	24.9	100.0	626
30-34	8.2	3.4	17.7	29.4	1.6	8.0	31.6	100.0	441
35-39	7.8	2.8	21.6	25.8	5.8	4.2	32.1	100.0	420
40-44	11.8	1.3	21.8	19.1	2.0	4.2	39.7	100.0	415
45-49	7.4	4.9	18.4	19.3	2.6	7.2	40.2	100.0	344
Marital status									
Never married	5.3	4.5	17.9	31.1	3.6	19.3	18.2	100.0	755
Married or living together	7.1	2.8	16.7	26.0	2.7	5.4	39.2	100.0	1,822
Divorced/separated/widowed	7.5	2.1	21.5	24.8	3.5	10.7	29.9	100.0	603
Number of living children									
0	5.3	4.3	16.2	29.7	3.9	18.0	22.5	100.0	757
1-2	7.2	3.2	19.6	32.0	2.1	8.1	27.8	100.0	1,318
3-4	8.3	2.6	16.9	23.0	3.5	6.8	38.8	100.0	714
5+	5.2	1.2	17.0	12.4	3.8	4.8	55.8	100.0	391
Residence									
Urban	7.9	6.1	22.4	48.1	2.4	10.3	2.9	100.0	1,048
Rural	6.2	1.6	15.7	16.7	3.4	9.5	47.0	100.0	2,132
Ecological zone									
Lowlands	6.9	3.8	19.6	35.0	2.2	9.9	22.6	100.0	2,071
Foothills	7.9	1.4	13.4	14.0	5.7	9.8	47.7	100.0	290
Mountains	6.4	1.0	14.9	11.7	4.3	9.5	52.2	100.0	642
Senqu River Valley	4.3	4.5	15.8	11.0	4.3	9.2	50.8	100.0	177
District									
Butha-Buthe	13.0	2.5	24.2	12.1	4.2	11.9	32.1	100.0	155
Leribe	5.6	1.4	17.8	31.1	2.1	6.9	35.1	100.0	499
Berea	7.6	3.0	14.3	23.4	2.1	12.8	36.8	100.0	345
Maseru	6.8	4.4	21.4	43.8	2.0	8.6	13.0	100.0	1,028
Mafeteng	6.5	3.5	14.9	20.3	5.1	10.0	39.7	100.0	273
Mohale's Hoek	4.2	3.0	18.2	12.3	4.7	12.7	44.9	100.0	285
Quthing	3.8	4.5	14.9	11.5	4.4	7.4	53.4	100.0	172
Qacha's Nek	8.8	1.9	19.3	9.3	2.8	14.1	43.8	100.0	99
Mokhotlong	10.5	1.5	17.0	10.4	4.2	16.3	40.0	100.0	124
Thaba-Tseka	6.0	0.5	7.6	11.4	4.7	7.0	62.7	100.0	200
Education									
No education	1.6	0.2	13.6	11.0	2.9	9.3	61.4	100.0	61
Primary, incomplete	0.8	0.4	13.7	15.5	4.5	13.8	51.2	100.0	870
Primary, complete	1.3	0.8	16.3	29.6	2.7	14.0	35.5	100.0	871
Secondary+	14.2	6.3	21.7	33.4	2.4	4.5	17.5	100.0	1,378
Wealth quintile									
Lowest	3.1	0.2	9.7	10.7	4.2	8.5	63.7	100.0	376
Second	2.9	0.2	13.8	14.1	5.0	10.8	53.2	100.0	487
Middle	4.8	1.7	15.2	20.5	3.6	10.3	43.9	100.0	496
Fourth	6.0	1.9	19.2	31.8	3.4	7.6	30.1	100.0	685
Highest	10.9	6.5	22.7	37.9	1.4	10.8	9.7	100.0	1,136
Total	6.7	3.1	17.9	27.0	3.1	9.7	32.5	100.0	3,180

Table 3.6.2 Occupation: men

Percent distribution of men employed in the 12 months preceding the survey by occupation, according to background characteristics, Lesotho 2004

Background characteristic	Professional/technical/managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agriculture	Total	Number of men
Age									
15-19	3.4	1.4	4.7	3.1	13.1	0.1	74.3	100.0	152
20-24	4.6	1.8	8.2	18.6	13.5	1.6	51.6	100.0	214
25-29	5.6	5.8	15.8	36.4	7.9	0.1	28.5	100.0	235
30-34	4.6	6.0	14.7	44.6	6.4	0.1	23.7	100.0	189
35-39	11.2	5.0	17.3	42.2	3.3	0.6	20.3	100.0	151
40-44	6.2	2.4	21.5	37.3	0.0	0.0	32.6	100.0	95
45-49	19.2	0.7	3.7	40.9	9.0	0.0	26.5	100.0	104
50-54	8.0	1.4	12.1	36.5	3.2	0.9	38.0	100.0	86
55-59	2.3	1.4	9.0	33.2	1.0	0.0	53.2	100.0	66
Marital status									
Never married	4.7	3.3	8.7	17.4	11.2	1.0	53.6	100.0	465
Married or living together	8.5	2.8	15.5	39.9	5.6	0.0	27.5	100.0	724
Divorced/separated/widowed	3.9	7.5	3.3	38.0	4.2	0.7	42.3	100.0	103
Number of living children									
0	4.8	3.2	9.2	20.7	11.5	0.9	49.8	100.0	555
1-2	7.1	5.6	18.2	43.4	3.6	0.0	22.1	100.0	383
3-4	13.2	2.1	11.1	36.6	7.1	0.4	29.6	100.0	226
5+	2.9	0.0	8.3	35.5	2.7	0.0	50.5	100.0	128
Residence									
Urban	13.2	7.1	26.1	40.8	6.1	0.1	6.7	100.0	351
Rural	4.4	2.0	6.9	28.3	8.1	0.6	49.8	100.0	942
Ecological zone									
Lowlands	8.5	4.2	15.0	36.6	8.5	0.4	26.7	100.0	795
Foothills	3.9	2.4	4.0	23.9	6.4	0.7	58.8	100.0	147
Mountains	4.6	1.1	8.4	21.6	4.6	0.4	59.3	100.0	289
Senqu River Valley	1.8	5.6	11.5	33.3	12.3	0.0	35.6	100.0	61
District									
Butha-Buthe	5.7	1.8	12.8	42.4	4.8	0.0	32.5	100.0	77
Leribe	10.6	2.5	12.9	35.5	5.6	0.5	32.4	100.0	201
Berea	2.9	3.9	7.1	22.2	8.7	0.8	54.3	100.0	177
Maseru	11.2	4.8	18.0	31.6	7.0	0.5	26.9	100.0	385
Mafeteng	0.2	2.0	8.7	33.2	8.6	0.0	47.2	100.0	107
Mohale's Hoek	3.5	5.2	3.0	46.7	12.0	0.0	29.6	100.0	112
Quthing	2.5	5.1	13.5	22.7	16.0	0.0	40.3	100.0	54
Qacha's Nek	1.9	1.0	10.6	22.1	5.0	1.5	58.0	100.0	63
Mokhotlong	5.1	0.4	9.5	25.8	5.0	0.2	53.9	100.0	64
Thaba-Tseka	7.8	0.6	11.3	26.4	4.4	0.3	49.3	100.0	51
Education									
No education	1.0	0.4	5.0	26.9	5.8	0.4	60.6	100.0	260
Primary, incomplete	2.3	0.7	8.8	30.7	7.2	0.2	50.2	100.0	525
Primary, complete	2.1	8.2	11.3	43.3	6.5	0.9	27.6	100.0	159
Secondary+	20.1	7.4	22.7	31.3	9.8	0.6	8.0	100.0	349
Wealth quintile									
Lowest	1.1	0.1	4.7	24.2	6.2	0.0	63.7	100.0	217
Second	4.1	1.2	8.4	25.7	8.3	0.5	51.8	100.0	205
Middle	3.7	3.1	3.4	30.2	7.6	1.7	50.2	100.0	263
Fourth	4.9	4.7	10.6	41.5	10.5	0.1	27.8	100.0	278
Highest	16.3	6.0	27.4	33.1	5.4	0.0	11.8	100.0	330
Total	6.8	3.4	12.1	31.7	7.5	0.4	38.1	100.0	1,293

Differences by background characteristics show that rural women (47 percent) and men (50 percent) are more likely to be employed in agricultural jobs than urban women (3 percent) and men (7 percent). In turn, urban residents are more likely than rural residents to be engaged in skilled manual or sales and service occupations. Among women, domestic service is particularly high among never-married (19 percent) and younger respondents age 15-19 (28 percent).

3.4.3 Type of Employer, Form of Earnings, and Continuity of Employment

Table 3.7.1 presents the percent distribution of employed women, by type of earnings and employment characteristics, according to type of employment (agricultural or nonagricultural).

The data show that slightly more than 60 percent of employed women receive cash for their work, and almost one in three is unpaid. Women are more likely to be paid in kind or not paid at all if they are employed in agricultural activities. Less than half of working women are employed by a nonfamily member, and 38 percent are self-employed. Women are more likely to be self-employed if they are doing agricultural work than if they are engaged in nonagricultural work. Women are also more prone to seasonal work if they are employed in agricultural activities (90 percent) than if they are in nonagricultural occupations (16 percent) and, conversely, continuity of employment is more assured for women who are engaged in nonagricultural work, 74 percent of whom are engaged throughout the year.

Table 3.7.1 Type of employment: women			
Percent distribution of women employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or nonagricultural), Lesotho 2004			
Employment characteristic	Agricultural work	Nonagricultural work	Total
Type of earnings			
Cash only	6.4	85.7	59.9
Cash and in-kind	1.3	3.5	2.8
In-kind only	9.1	2.4	4.6
Not paid	83.2	7.9	32.4
Total	100.0	100.0	100.0
Type of employer			
Employed by family member	31.5	4.7	13.4
Employed by nonfamily member	13.7	65.0	48.4
Self-employed	54.8	29.9	38.0
Total	100.0	100.0	100.0
Continuity of employment			
All year	7.6	73.6	52.2
Seasonal	89.5	15.7	39.6
Occasional	2.8	10.3	7.8
Total	100.0	100.0	100.0
Number of respondents	1,032	2,147	3,180
Note: Total includes 15 women with missing information on type of employment who are not shown separately.			

For the male respondents, questions on the type of employment were somewhat more limited than those for women. For example, men were not asked about the type of employer and the continuity or seasonality of their employment. Table 3.7.2 provides information on the type of earnings and employment patterns for men. Results show that 67 percent of men earn cash for the work they do, and 23 percent are not paid for their work.

Table 3.7.2 Type of employment: men

Percent distribution of men employed in the 12 months preceding the survey by type of earnings, according to type of employment (agricultural or nonagricultural), Lesotho 2004

Type of earnings	Agricultural work	Nonagricultural work	Total
Cash only	24.8	88.9	64.5
Cash and in-kind	2.8	2.4	2.6
In-kind only	18.3	1.5	7.9
Not paid	54.1	4.5	23.4
Total	100.0	100.0	100.0
Number of men	492	800	1,293

Note: Total includes 4 men with missing information on type of employment who are not shown separately.

3.4.4 Control Over Earnings and Women's Contribution to Household Expenditures

Women and men who were working and receiving cash earnings were asked who makes the decisions on how their earnings are used. They were also asked what proportion of household expenditures is met by their earnings. Table 3.8.1 shows that 70 percent of working women say they decide by themselves how their earnings are used, and an additional 22 percent make the decision jointly with someone else. Table 3.8.2 shows that working men are somewhat less likely than working women to say they alone decide on their own how earnings will be used (57 percent) and somewhat more likely to make these decisions jointly with someone else (28 percent). Only 9 percent of women and 14 percent of men report that the decision on how to use their earnings is made entirely by someone else.

Tables 3.8.1 and 3.8.2 also look at how the degree of control over a respondent's earnings varies by background characteristics. The results generally show that, regardless of background characteristics, the majority of respondents make the decisions on how their cash earnings are used themselves. Married women and men, compared with their unmarried counterparts, are somewhat more likely to involve another person in making the decision. Women and men are more likely to report that someone else makes the decisions about their earnings if they are under age 20 (20 and 35 percent, respectively). The proportions of both women and men in the lowest wealth quintile who report that decisions about the use of their earnings are made by someone are also comparatively high (20 and 23 percent, respectively).

Regarding the proportion of household expenditures met by their earnings, 4 percent of working women reported that their earnings supported all household expenditure, and 36 percent reported that their earnings constitute more than half of household expenditures. Younger women and women who are married or living together with their partner are more likely to provide all of the financial support for their households. Seven percent of working men report that their earnings cover all household expenditures.

Table 3.8.1 Decision on use of earnings and contribution of earnings to household expenditures: women

Percent distribution of women employed in the 12 months preceding the survey receiving cash earnings by person who decides how earnings are to be used and by proportion of household expenditures met by earnings, according to background characteristics, Lesotho 2004

Background characteristic	Person who decides how earnings are used				Total	Proportion of household expenditures met by earnings					Total	Number of women
	Self only	Jointly ¹	Someone else only ²	Missing		Almost none/none	Less than half	Half or more	All	Missing		
Age												
15-19	67.3	11.9	20.3	0.5	100.0	8.5	52.6	32.3	6.6	0.0	100.0	160
20-24	68.0	18.7	12.8	0.5	100.0	8.4	48.7	39.6	3.3	0.0	100.0	405
25-29	68.4	23.3	8.3	0.0	100.0	10.8	51.6	34.6	2.6	0.3	100.0	442
30-34	69.0	26.3	4.8	0.0	100.0	10.7	46.4	39.4	3.6	0.0	100.0	286
35-39	70.8	23.6	5.1	0.5	100.0	8.5	51.0	36.8	2.9	0.9	100.0	266
40-44	74.4	19.8	5.8	0.0	100.0	10.9	50.7	34.0	4.5	0.0	100.0	246
45-49	69.9	23.7	6.4	0.0	100.0	9.0	60.1	27.4	3.5	0.0	100.0	187
Marital status												
Never married	83.8	4.7	11.0	0.6	100.0	8.8	55.0	32.7	3.5	0.0	100.0	569
Married or living together	52.0	38.4	9.5	0.1	100.0	9.8	47.4	38.7	3.8	0.2	100.0	1,025
Divorced/separated/widowed	94.1	2.3	3.7	0.0	100.0	10.4	54.2	32.1	3.0	0.4	100.0	401
Number of living children												
0	75.2	11.4	12.9	0.5	100.0	6.9	52.9	36.0	3.9	0.3	100.0	532
1-2	68.3	24.9	6.8	0.0	100.0	10.6	50.3	35.8	3.1	0.2	100.0	900
3-4	66.3	25.4	8.3	0.0	100.0	10.0	48.8	37.0	4.2	0.0	100.0	406
5+	65.7	26.6	7.2	0.5	100.0	12.6	53.4	30.2	3.3	0.5	100.0	157
Residence												
Urban	72.9	21.7	5.1	0.3	100.0	9.5	52.7	34.0	3.8	0.0	100.0	968
Rural	66.3	21.4	12.2	0.1	100.0	9.8	49.2	37.3	3.3	0.4	100.0	1,026
District												
Butha-Buthe	66.6	22.1	11.4	0.0	100.0	27.1	42.4	29.3	1.2	0.0	100.0	102
Leribe	75.4	17.3	7.4	0.0	100.0	7.3	36.9	51.8	4.0	0.0	100.0	292
Berea	69.9	14.8	15.1	0.2	100.0	5.8	53.1	37.2	3.8	0.0	100.0	202
Maseru	70.0	22.6	7.2	0.3	100.0	10.7	53.8	31.4	4.1	0.0	100.0	861
Mafeteng	60.8	35.1	3.6	0.5	100.0	3.5	58.8	32.0	3.7	2.0	100.0	145
Mohale's Hoek	66.9	22.9	10.1	0.0	100.0	5.5	56.6	34.4	3.5	0.0	100.0	139
Quthing	71.0	21.8	7.2	0.0	100.0	17.9	55.4	21.4	5.4	0.0	100.0	66
Qacha's Nek	75.2	14.8	10.0	0.0	100.0	8.7	50.0	40.1	1.2	0.0	100.0	54
Mokhotlong	69.2	18.6	10.9	1.3	100.0	7.8	52.9	37.5	0.5	1.3	100.0	61
Thaba-Tseka	60.9	20.9	18.2	0.0	100.0	8.3	47.7	43.8	0.2	0.0	100.0	73
Education												
No education	(81.8)	(12.7)	(5.5)	(0.0)	(100.0)	(15.9)	(51.6)	(32.5)	(0.0)	(0.0)	(100.0)	19
Primary, incomplete	71.4	16.0	12.4	0.2	100.0	11.7	56.9	27.0	4.0	0.4	100.0	385
Primary, complete	69.5	20.7	9.8	0.0	100.0	9.4	51.2	36.5	2.9	0.0	100.0	532
Secondary+	68.7	24.1	6.9	0.3	100.0	8.9	48.6	38.4	3.8	0.2	100.0	1,059
Wealth quintile												
Lowest	63.4	16.9	19.6	0.0	100.0	8.2	53.4	38.2	0.2	0.0	100.0	127
Second	71.1	17.8	10.7	0.4	100.0	15.0	49.0	32.1	3.4	0.4	100.0	210
Middle	63.7	22.2	14.2	0.0	100.0	8.9	50.8	37.1	2.7	0.6	100.0	256
Fourth	68.5	20.9	10.1	0.5	100.0	11.9	49.6	36.7	1.9	0.0	100.0	438
Highest	72.0	23.0	4.9	0.1	100.0	7.9	51.7	35.2	5.0	0.2	100.0	964
Total	69.5	21.5	8.8	0.2	100.0	9.7	50.9	35.7	3.6	0.2	100.0	1,995

Note: Figures in parentheses are based on 25-49 unweighted cases.

¹ With husband or someone else

² Includes husband

Table 3.8.2 Decision on use of earnings and contribution of earnings to household expenditures: men

Percent distribution of men employed in the 12 months preceding the survey receiving cash earnings by person who decides how earnings are to be used and by proportion of household expenditures met by earnings, according to background characteristics, Lesotho 2004

Background characteristic	Person who decides how earnings are used				Total	Proportion of household expenditures met by earnings						Number of men
	Self only	Jointly ¹	Someone else only ²	Missing		Almost none/none	Less than half	Half or more	All	Missing	Total	
Age												
15-19	40.1	21.4	35.4	3.1	100.0	11.9	55.1	29.8	0.0	3.1	100.0	47
20-24	64.1	14.2	21.7	0.0	100.0	15.8	52.8	27.6	3.8	0.0	100.0	129
25-29	64.1	24.3	11.6	0.0	100.0	6.9	54.6	35.8	2.7	0.0	100.0	181
30-34	53.6	33.3	13.1	0.0	100.0	9.7	45.9	41.9	2.5	0.0	100.0	154
35-39	53.2	37.9	8.9	0.0	100.0	13.1	36.5	40.8	9.6	0.0	100.0	131
40-44	52.3	34.3	13.4	0.0	100.0	11.3	35.4	36.4	16.9	0.0	100.0	67
45-49	55.3	33.3	11.4	0.0	100.0	6.2	33.4	45.6	14.9	0.0	100.0	73
50-54	60.0	25.3	14.7	0.0	100.0	5.9	38.4	43.0	12.7	0.0	100.0	57
55-59	(53.9)	(40.4)	(5.8)	(0.0)	(100.0)	(9.0)	(26.7)	(61.0)	(3.2)	(0.0)	(100.0)	28
Marital status												
Never married	71.7	9.5	18.2	0.6	100.0	14.6	52.7	29.8	2.3	0.6	100.0	258
Married or living together	46.0	41.1	13.0	0.0	100.0	7.6	40.9	42.4	9.1	0.0	100.0	537
Divorced/separated/widowed	87.2	1.7	11.1	0.0	100.0	13.8	46.0	37.5	2.6	0.0	100.0	71
Number of living children												
0	69.4	13.4	16.8	0.4	100.0	13.5	51.9	31.4	2.7	0.4	100.0	326
1-2	52.3	35.4	12.3	0.0	100.0	5.6	45.7	40.7	8.1	0.0	100.0	312
3-4	45.5	41.1	13.3	0.0	100.0	14.3	31.0	45.1	9.6	0.0	100.0	161
5+	46.5	38.7	14.8	0.0	100.0	5.9	39.4	44.0	10.7	0.0	100.0	67
Residence												
Urban	64.1	28.5	7.5	0.0	100.0	8.4	43.5	40.3	7.9	0.0	100.0	323
Rural	52.9	28.4	18.5	0.3	100.0	11.3	45.6	37.0	5.7	0.3	100.0	544
District												
Butha-Buthe	66.1	21.1	12.8	0.0	100.0	19.0	30.4	47.1	3.5	0.0	100.0	51
Leribe	60.4	26.0	13.7	0.0	100.0	7.1	41.2	44.6	7.1	0.0	100.0	129
Berea	60.7	18.9	18.9	1.5	100.0	6.0	51.1	37.0	4.4	1.5	100.0	94
Maseru	61.6	26.6	11.8	0.0	100.0	11.4	43.7	36.7	8.2	0.0	100.0	291
Mafeteng	42.3	50.4	7.3	0.0	100.0	0.4	56.6	35.4	7.6	0.0	100.0	63
Mohale's Hoek	49.0	36.8	14.1	0.0	100.0	8.0	44.6	40.7	6.6	0.0	100.0	94
Quthing	51.0	33.0	16.0	0.0	100.0	25.0	48.0	24.0	3.0	0.0	100.0	46
Qacha's Nek	56.2	16.3	27.5	0.0	100.0	6.5	50.7	36.2	6.7	0.0	100.0	30
Mokhotlong	42.8	39.4	17.8	0.0	100.0	8.2	50.9	33.5	7.4	0.0	100.0	37
Thaba-Tseka	54.9	18.3	26.8	0.0	100.0	22.4	33.9	42.8	0.9	0.0	100.0	31
Education												
No education	48.4	30.6	21.0	0.0	100.0	19.3	45.3	31.0	4.4	0.0	100.0	133
Primary, incomplete	56.7	26.7	16.2	0.5	100.0	6.6	46.4	41.0	5.6	0.5	100.0	312
Primary, complete	65.2	15.6	19.2	0.0	100.0	7.4	55.8	30.2	6.6	0.0	100.0	121
Secondary+	58.0	34.4	7.7	0.0	100.0	11.1	38.6	41.9	8.4	0.0	100.0	300
Wealth quintile												
Lowest	55.9	21.0	23.1	0.0	100.0	10.7	52.9	30.4	6.0	0.0	100.0	98
Second	50.0	31.8	18.2	0.0	100.0	15.4	38.8	43.3	2.5	0.0	100.0	119
Middle	61.8	21.4	16.8	0.0	100.0	13.7	50.8	30.8	4.7	0.0	100.0	146
Fourth	61.3	28.6	9.4	0.7	100.0	9.4	47.7	39.6	2.7	0.7	100.0	210
Highest	54.9	32.9	12.3	0.0	100.0	6.8	39.5	41.6	12.0	0.0	100.0	294
Total	57.0	28.4	14.4	0.2	100.0	10.2	44.8	38.3	6.5	0.2	100.0	866

Note: Figures in parentheses are based on 25-49 unweighted cases.

¹ With husband or someone else

² Includes wife

Table 3.9 shows information on how decisions on use of women's earnings are related to the proportional contribution of these earnings to the household expenditures, according to marital status. The analysis indicates that independence in decisionmaking is slightly inversely related to the proportion of women's contribution to the household expenses. For instance, 62 percent of currently married women whose contribution to household expenditures is minimal decide for themselves how their earnings are used. Only 55 percent of women who support all of their household's expenses decide for themselves how their earnings are used, and 34 percent share the decision with their husband and 11 percent say that their husband alone makes decisions. Almost all unmarried women (between 87 and 92 percent) make their own decisions regarding their earnings, regardless of their contribution to the household expenditures.

Table 3.9 Women's control over earnings

Percent distribution of women who received cash earnings for work in the past 12 months by person who decides how earnings are used, according to current marital status, and the proportion of household expenditures met by earnings, Lesotho 2004

Contribution to household expenditures	Currently married or living together							Number of women	Not married ¹					Number of women
	Self only	Jointly with husband	Jointly with someone else	Husband only	Someone else only	Missing	Total		Self only	Jointly with someone else	Someone else only	Missing	Total	
Almost none/none	61.8	33.3	4.1	0.8	0.0	0.0	100.0	101	90.9	0.9	7.5	0.8	100.0	92
Less than half	52.2	35.3	2.0	9.7	0.8	0.0	100.0	486	88.2	3.0	8.4	0.5	100.0	530
Half or more	49.4	37.8	2.4	10.2	0.2	0.0	100.0	397	87.0	6.0	6.9	0.0	100.0	315
All	(55.0)	(33.9)	(0.0)	(11.1)	(0.0)	(0.0)	(100.0)	39	(92.0)	(0.0)	(8.0)	(0.0)	(100.0)	32
Total	52.0	36.1	2.3	9.1	0.4	0.1	100.0	1,025	88.0	3.7	7.9	0.3	100.0	969

Note: Figures in parentheses are based on 25-49 unweighted cases.

¹ Never married, divorced, separated, or widowed women

3.5 WOMEN'S EMPOWERMENT

In addition to information on women's education, employment status, and control over earnings, the 2004 LDHS collected information from both women and men on other measures of women's autonomy and status. Questions were asked about women's roles in making household decisions, on acceptance of wife beating, and on opinions about when a wife should be able to deny sex to her husband. Such information provides insight into women's control over their environment and their attitudes towards gender roles, both of which are relevant to understanding women's demographic and health behaviour.

3.5.1 Women's Participation in Decisionmaking

To assess women's decisionmaking autonomy, the 2004 LDHS sought information on women's participation in five different types of household decisions: on the respondents' own health care; on making large household purchases; on making household purchase for daily needs; on visits to family or relatives; and on what food should be cooked each day. Table 3.10 shows the percent distribution of women according to who in the household usually has the final say on each aspect. A woman is considered to have autonomy in a decision if she either makes the decision herself or participates jointly with someone else in the decisions.

Among currently married women, the degree of sole decisionmaking ranges from a high of 81 percent in decisions about what food to cook daily to a low 14 percent in decisions about large household purchases. Although 50 percent of married women make decisions on their own health care by

themselves or jointly, 44 percent of women say that their husband alone makes these decisions. Decisions about visits to relatives or friends are generally made by the woman herself or jointly (61 percent).

Unmarried women are generally less autonomous than married women. The proportions of unmarried women reporting that decisions are made by someone else ranges from 46 percent in the case of what food to cook to 59 percent in the case of large household purchases. These patterns are not surprising because the majority of the unmarried are younger women who still live with their guardians or parents.

Table 3.10 Women's participation in decisionmaking

Percent distribution of women by person who has the final say in making specific decisions, according to current marital status and type of decision, Lesotho 2004

Decision	Currently married or living together							Not married ¹						
	Self only	Jointly with husband	Jointly with someone else	Husband only	Someone else only	Decision not made/not applicable	Total	Number of respondents	Self only	Jointly with someone else	Someone else only	Decision not made/not applicable	Total	Number of respondents
Own health care	37.0	12.3	0.8	43.8	6.0	0.1	100.0	3,709	38.8	7.9	52.7	0.5	100.0	3,386
Large household purchases	14.1	29.0	1.4	48.0	7.2	0.3	100.0	3,709	30.3	5.4	59.0	5.1	100.0	3,386
Daily household purchases	67.4	10.1	0.9	14.9	6.3	0.2	100.0	3,709	35.1	5.0	55.7	4.0	100.0	3,386
Visits to family or relatives	24.3	35.1	1.9	31.1	5.6	1.8	100.0	3,709	34.0	7.4	54.2	4.2	100.0	3,386
What food to cook each day	80.5	7.6	0.8	5.6	4.5	0.8	100.0	3,709	44.7	4.7	45.5	4.8	100.0	3,386

¹ Never married, divorced, separated, or widowed women

Table 3.11 shows that although 30 percent of women have a say in all five areas of decisionmaking, another 23 percent have no say at all in any of the specified areas. Women who are under age 20, have never married, and have no children are least likely to participate in all decisions. Older women, urban residents, and those living in Mafeteng are among the most likely to be involved in all decisions. Cash employment also is related to increased decisionmaking power. More than half (53 percent) of women who are employed for cash participate in making all decisions, compared with 31 percent who are employed but do not earn cash and 21 percent of unemployed women.

Table 3.11 Women's participation in decisionmaking by background characteristics								
Percentage of women who say that they alone or jointly have the final say in specific decisions, by background characteristics, Lesotho 2004								
Background characteristic	Alone or jointly have final say in:							Number of women
	Own health care	Making large purchases	Making daily purchases	Visits to family or relatives	What food to cook each day	All specified decisions	None of the specified decisions	
Age								
15-19	22.1	11.5	18.3	17.1	30.1	8.1	59.3	1,710
20-24	40.8	30.3	50.6	41.5	63.9	19.3	25.9	1,463
25-29	58.1	50.8	74.6	64.0	84.4	35.8	9.3	1,044
30-34	63.3	54.8	83.4	72.2	89.7	41.5	6.6	816
35-39	66.4	62.0	85.3	73.4	92.5	50.1	4.7	728
40-44	65.8	60.3	86.8	74.0	93.7	49.4	3.6	741
45-49	62.7	58.0	83.2	74.0	91.4	46.8	3.2	592
Marital status								
Never married	31.6	17.8	22.3	23.9	33.7	15.8	54.0	2,373
Married or living together	50.1	44.5	78.5	61.3	88.9	27.5	6.6	3,709
Divorced/separated/widowed	82.0	77.7	82.1	82.5	86.2	73.5	9.8	1,014
Number of living children								
0	30.7	18.8	27.1	25.4	38.5	15.2	51.0	2,386
1-2	54.9	47.6	71.0	61.2	81.3	33.6	12.3	2,563
3-4	62.9	57.3	85.6	71.8	92.9	44.9	3.9	1,327
5+	57.0	52.5	81.8	67.3	90.1	39.5	5.1	820
Residence								
Urban	59.3	52.5	66.0	61.2	72.3	43.7	21.6	1,682
Rural	45.2	36.5	58.4	48.9	69.4	26.0	23.3	5,413
Ecological zone								
Lowlands	51.2	42.1	61.7	54.9	72.0	32.5	21.4	4,299
Foothills	40.2	38.9	60.0	49.1	71.2	26.2	24.7	787
Mountains	44.2	34.7	57.6	43.2	66.3	24.6	25.5	1,572
Senqu River Valley	53.0	45.2	55.7	57.7	62.7	34.4	24.5	437
District								
Butha-Buthe	46.3	45.3	67.4	49.8	78.0	31.5	19.1	458
Leribe	46.1	33.7	63.0	52.7	73.8	22.4	18.1	1,065
Berea	36.4	31.2	55.5	44.7	64.4	21.8	29.8	776
Maseru	51.3	47.5	62.6	55.4	70.5	36.4	24.5	1,868
Mafeteng	65.8	49.3	67.6	67.3	81.4	41.7	11.1	755
Mohale's Hoek	42.7	34.8	52.0	46.4	67.7	25.9	25.8	684
Quthing	59.3	48.8	58.2	62.2	61.2	36.8	21.4	461
Qacha's Nek	44.0	35.2	58.7	46.0	63.7	28.1	32.0	233
Mokhotlong	46.0	33.5	54.6	37.6	60.4	22.8	28.5	360
Thaba-Tseka	38.5	29.1	51.5	35.2	65.6	22.8	27.3	435
Education								
No education	53.3	47.8	69.9	60.0	81.1	37.9	12.2	145
Primary, incomplete	41.7	37.0	59.1	48.6	69.1	25.9	24.4	2,136
Primary, complete	50.9	40.7	63.6	53.5	73.6	30.9	19.7	1,936
Secondary+	51.7	42.0	58.3	52.8	67.9	32.5	24.5	2,878
Employment								
Not employed	39.5	30.4	49.3	42.5	61.8	21.4	30.9	4,366
Employed for cash	73.0	64.4	81.4	73.6	86.1	53.2	7.5	1,633
Employed not for cash	47.6	44.0	72.4	56.7	79.6	31.2	13.5	1,081
Wealth quintile								
Lowest	43.9	37.4	58.2	45.3	69.6	26.8	23.7	987
Second	41.9	35.6	58.0	46.4	69.1	23.8	23.0	1,294
Middle	42.7	33.5	55.5	46.8	68.3	23.4	25.1	1,258
Fourth	50.9	42.2	62.5	56.4	71.6	31.5	21.4	1,595
Highest	56.9	47.7	63.9	58.2	70.8	39.4	22.2	1,962
Total	48.5	40.3	60.2	51.8	70.1	30.2	22.9	7,095
Note: Total includes 15 women with missing information on employment status.								

3.5.2 Women's Attitudes Towards Wife Beating

Violence against women is an area that is increasingly being recognised as affecting women's health and autonomy. Violence against women has serious consequences for their mental and physical well-being, including their reproductive and sexual health (World Health Organisation, 1999). If violence against women is tolerated and accepted in a society, its eradication is made more difficult. To gauge the acceptability of domestic violence, women and men interviewed in the 2004 LDHS were asked whether they thought a husband would be justified in hitting or beating his wife in each of the following five situations: if she burns the food, if she argues with him, if she goes out without telling him, if she neglects the children, and if she refuses to have sexual relations with him.

Tables 3.12.1 and 3.12.2 show that many women and men, respectively, find wife beating to be justified in certain circumstances. Nearly 48 percent of women and 51 percent of men agree that at least one of these factors is sufficient justification for wife-beating.

The most widely accepted reasons for wife-beating are neglecting the children (37 percent of women and 38 percent of men) and arguing with the husband (36 percent of women and 39 percent of men). Twenty-four percent of women and 30 percent of men think that going out without informing the husband is a justifiable reason for beating. About one-fifth of women and men feel that denying sex to the husband is a justification for wife beating. Even smaller proportions believe that burning the food is a justifiable reason to hit or beat the wife.

The tables also show attitudes towards wife beating by background characteristics. Acceptance of wife beating for at least one of the specified reasons is higher among women and men who are under age 25 than among older individuals. Considering residence, the proportions are higher among women and men who live in rural areas, the Mountains zone, or Qacha's Nek, Mokhotlong, and Thaba-Tseka districts than among those living in other areas. Acceptance of wife beating declines as the level of education increases. Similarly, acceptance of wife beating by women and men declines markedly as wealth increases.

Table 3.12.1 Attitude towards wife beating: women

Percentage of women who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Lesotho 2004

Background characteristic	Husband is justified in hitting or beating his wife if she:					Agrees with at least one specified reason	Number of women
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sex with him		
Age							
15-19	14.7	43.4	29.0	43.0	20.1	56.1	1,710
20-24	11.7	38.7	22.9	39.2	18.4	50.2	1,463
25-29	11.2	32.2	22.1	31.3	18.9	43.2	1,044
30-34	11.8	33.2	23.1	35.4	19.7	44.2	816
35-39	11.3	29.4	21.3	32.2	19.2	41.9	728
40-44	11.7	32.3	21.3	33.1	22.4	45.4	741
45-49	15.7	33.9	27.7	38.3	24.7	47.8	592
Marital status							
Never married	12.3	36.5	23.0	37.9	15.5	48.8	2,373
Married or living together	12.8	36.7	25.5	37.0	22.8	48.9	3,709
Divorced/separated/widowed	12.7	33.6	23.5	35.6	20.8	45.2	1,014
Number of living children							
0	12.4	37.7	24.5	38.9	17.5	50.3	2,386
1-2	11.7	36.2	23.2	35.4	19.4	47.3	2,563
3-4	12.0	31.1	22.2	35.0	20.7	44.2	1,327
5+	17.1	40.1	30.8	40.3	28.5	52.7	820
Residence							
Urban	6.4	21.4	12.9	27.3	9.7	34.1	1,682
Rural	14.6	40.8	27.9	40.1	23.3	52.8	5,413
Ecological zone							
Lowlands	9.7	31.7	19.3	33.4	14.9	43.5	4,299
Foothills	13.7	41.0	28.1	40.2	24.2	53.6	787
Mountains	20.5	47.7	37.1	46.6	32.9	61.0	1,572
Senqu River Valley	11.2	30.2	21.8	33.0	16.9	41.1	437
District							
Butha-Buthe	13.2	35.9	25.5	38.2	21.0	48.0	458
Leribe	9.8	32.3	20.2	32.6	17.0	44.5	1,065
Berea	10.7	43.1	29.8	43.4	23.7	54.4	776
Maseru	9.3	29.4	17.6	32.9	14.7	43.8	1,868
Mafeteng	10.2	31.9	17.8	28.6	14.0	40.4	755
Mohale's Hoek	17.3	41.7	28.5	41.3	22.6	52.3	684
Quthing	9.6	27.5	18.7	31.1	16.2	37.4	461
Qacha's Nek	17.4	47.6	42.0	50.1	26.6	64.4	233
Mokhotlong	21.3	51.9	43.0	51.2	38.4	64.5	360
Thaba-Tseka	27.0	51.8	38.7	49.4	35.1	64.0	435
Education							
No education	24.2	45.7	43.2	48.5	39.7	64.5	145
Primary, incomplete	18.6	49.1	35.5	47.2	29.8	60.4	2,136
Primary, complete	12.9	37.9	26.2	38.4	21.7	49.3	1,936
Secondary+	7.4	25.0	13.9	28.1	10.8	38.0	2,878
Employment							
Not employed	13.3	39.6	26.4	40.0	21.5	51.7	4,366
Employed for cash	9.0	24.5	17.1	28.1	13.2	37.3	1,633
Employed not for cash	15.5	40.5	27.2	38.8	24.6	51.7	1,081
Number of decisions in which woman has final say¹							
0	14.5	42.5	29.1	43.0	19.3	55.2	1,623
1-2	14.5	42.2	27.8	42.0	23.7	54.5	1,558
3-4	13.2	37.9	24.4	36.9	22.0	49.7	1,772
5	9.4	25.7	18.2	29.1	16.4	37.6	2,142
Wealth quintile							
Lowest	23.1	51.9	39.6	50.6	34.8	64.0	987
Second	16.1	46.3	33.4	43.9	28.1	58.8	1,294
Middle	13.6	40.0	25.5	38.7	19.7	51.3	1,258
Fourth	9.5	33.0	19.8	35.3	16.4	45.6	1,595
Highest	7.0	21.8	13.7	26.1	10.6	33.9	1,962
Total	12.6	36.2	24.4	37.1	20.1	48.3	7,095

Note: Total includes 15 women with missing information on employment status.

¹ Either by herself or jointly with others

Table 3.12.2 Attitude towards wife beating: men

Percentage of men who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Lesotho 2004

Background characteristic	Husband is justified in hitting or beating his wife if she:					Agrees with at least one specified reason	Number of men
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sex with him		
Age							
15-19	17.6	46.1	33.0	45.8	19.4	60.1	743
20-24	13.7	42.8	30.3	40.3	18.0	54.2	507
25-29	9.5	38.0	22.6	32.4	19.1	46.7	374
30-34	9.9	35.0	29.3	35.6	15.1	46.6	305
35-39	11.3	30.5	31.7	33.2	22.0	43.5	233
40-44	12.7	38.0	28.4	34.8	26.8	50.5	164
45-49	9.4	38.3	33.0	37.5	21.8	52.2	170
50-54	11.6	31.4	30.5	31.7	27.7	45.9	164
55-59	8.6	26.2	22.2	28.9	13.6	37.6	137
Marital status							
Never married	15.8	42.0	29.5	40.1	18.5	54.8	1,419
Married or living together	9.6	35.1	29.6	35.1	19.8	47.0	1,191
Divorced/separated/widowed	11.9	43.8	31.6	41.3	27.8	53.8	184
Number of living children							
0	15.2	42.0	29.8	40.2	19.0	54.8	1,561
1-2	8.2	34.8	27.1	34.1	16.9	43.9	635
3-4	11.4	35.4	32.1	36.4	26.8	50.9	359
5+	12.5	37.3	31.8	36.6	20.1	49.2	242
Residence							
Urban	6.4	23.7	20.0	25.0	12.6	34.2	603
Rural	14.7	43.3	32.3	41.6	21.5	56.1	2,194
Ecological zone							
Lowlands	11.9	37.2	27.3	34.9	16.2	47.0	1,734
Foothills	14.2	43.6	31.8	40.9	20.8	58.2	307
Mountains	16.5	45.7	35.8	45.9	30.3	61.9	585
Senqu River Valley	8.6	28.5	29.2	37.8	15.5	47.2	171
District							
Butha-Buthe	9.0	34.5	24.3	33.0	16.0	46.1	182
Leribe	11.3	39.9	32.1	38.1	20.3	51.1	393
Berea	10.9	45.5	34.9	45.0	14.9	57.0	350
Maseru	9.5	33.7	23.5	29.8	15.5	45.4	741
Mafeteng	15.6	38.3	25.3	34.3	21.5	48.4	297
Mohale's Hoek	22.5	43.9	34.4	45.1	22.4	54.8	281
Quthing	5.8	26.1	27.5	37.6	14.3	44.5	167
Qacha's Nek	14.3	46.5	35.5	50.3	34.4	66.6	99
Mokhotlong	15.4	48.3	39.0	49.0	30.6	58.8	130
Thaba-Tseka	24.3	48.4	37.9	45.0	30.6	65.1	156
Education							
No education	15.8	44.1	33.1	44.3	25.4	57.4	479
Primary, incomplete	15.5	47.1	36.4	46.0	26.5	60.8	1,194
Primary, complete	15.2	41.1	31.0	36.0	14.7	51.7	342
Secondary+	6.1	23.0	16.9	23.0	7.7	33.2	783
Employment							
Not employed	13.5	41.8	31.2	39.3	19.2	53.7	1,895
Employed for cash	10.1	29.5	23.3	30.0	15.6	40.6	587
Employed not for cash	14.6	41.7	32.9	45.9	30.3	58.1	311
Number of decisions in which woman has final say¹							
0	17.2	46.0	36.6	48.5	29.3	58.8	137
1-2	19.0	54.0	40.3	53.0	29.7	68.5	686
3-4	11.9	40.0	29.1	37.3	18.6	51.1	1,123
5-6	8.6	24.8	20.7	25.2	11.3	36.8	851
Wealth quintile							
Lowest	17.6	46.9	37.8	48.1	30.2	62.3	466
Second	19.3	48.6	35.6	45.8	25.7	61.7	514
Middle	10.2	40.3	32.5	39.5	19.0	54.3	566
Fourth	11.6	37.6	25.0	34.6	16.6	46.9	621
Highest	7.9	26.1	21.0	26.3	10.3	36.7	630
Total	12.9	39.1	29.7	38.0	19.6	51.4	2,797

Note: Total includes 2 men with missing information on marital status and 4 men with missing information on employment status.

¹ Either by herself or jointly with others

3.5.3 Attitudes Towards Refusing Sex with Husband

The extent of control women have over matters such as when and with whom they have sex has important implications for demographic and health outcomes, such as transmission of HIV and other sexually transmitted infections. To measure beliefs about sexual empowerment of women, the 2004 LDHS asked all respondents whether they think a wife is justified in refusing to have sex with her husband in the following circumstances: when she knows that her husband has a sexually transmitted disease, when she knows that her husband has sex with other women, when she has recently given birth, and when she is tired or not in the mood. Tables 3.13.1 and 3.13.2 show the responses of women and men, respectively.

Sixty-one percent of women and 41 percent of men agree that all of the above reasons are acceptable justifications for a woman to refuse to have sexual relations with her husband, and 7 percent of women and 11 percent of men consider none of the reasons acceptable. For women and men, the most acceptable reason for a wife to refuse having sex is if the wife has recently given birth (85 and 81 percent, respectively), and the least acceptable reason is the wife being tired or not in the mood (73 and 59 percent, respectively).

Women and men age 15-19, those with no children, those who have never married, those living in the Mountains zone, especially Qacha's Nek district, and those with the least autonomy in making household decisions are the most likely to agree with none of the reasons for refusing sex.

Table 3.13.1 Attitude towards refusing sex with husband: women

Percentage of women who believe that a wife is justified in refusing to have sex with her husband for specific reasons, by background characteristics, Lesotho 2004

Background characteristic	Wife is justified in refusing sex with husband if she:				Agrees with all of the specified reasons	Agrees with none of the specified reasons	Number of women
	Knows husband has a sexually transmitted disease	Knows husband has sex with other women	Has recently given birth	Is tired or not in the mood			
Age							
15-19	75.6	75.1	78.7	64.9	54.3	13.5	1,710
20-24	82.5	80.2	88.2	77.8	63.4	4.7	1,463
25-29	84.1	83.6	88.5	73.7	61.1	3.9	1,044
30-34	86.4	81.4	87.6	75.1	64.5	4.5	816
35-39	85.6	83.6	86.0	75.6	63.2	3.8	728
40-44	83.6	79.7	86.3	75.0	61.2	5.8	741
45-49	81.4	77.5	84.0	71.0	60.0	8.5	592
Marital status							
Never married	80.2	79.1	81.2	70.0	59.2	10.5	2,373
Married or living together	82.1	80.0	87.2	73.5	60.4	5.3	3,709
Divorced/separated/widowed	85.0	79.7	86.5	76.0	63.7	5.2	1,014
Number of living children							
0	77.9	77.4	80.3	68.1	56.2	11.1	2,386
1-2	84.2	81.5	88.8	76.1	63.9	4.4	2,563
3-4	85.3	82.0	86.9	74.6	61.9	4.6	1,327
5+	80.5	76.9	84.6	72.4	59.8	7.3	820
Residence							
Urban	88.2	87.4	88.6	78.1	67.6	3.6	1,682
Rural	79.9	77.3	84.0	71.0	58.2	8.1	5,413
Ecological zone							
Lowlands	85.7	83.8	87.1	74.9	64.0	5.2	4,299
Foothills	81.6	75.7	85.8	70.3	56.8	6.3	787
Mountains	70.0	69.2	78.2	66.0	49.6	12.4	1,572
Senqu River Valley	87.3	84.4	88.6	79.9	71.0	6.9	437
District							
Butha-Buthe	82.2	78.6	83.8	70.5	58.5	7.3	458
Leribe	81.9	79.7	82.4	71.6	62.0	8.8	1,065
Berea	84.5	82.4	86.8	72.2	61.6	5.2	776
Maseru	85.6	82.9	86.4	73.7	61.8	4.8	1,868
Mafeteng	83.8	79.9	90.2	73.4	60.4	4.4	755
Mohale's Hoek	83.9	81.0	90.1	77.5	65.2	5.8	684
Quthing	84.3	84.9	86.5	78.9	70.6	8.8	461
Qacha's Nek	60.7	62.5	61.2	61.8	39.2	19.5	233
Mokhotlong	68.9	67.9	81.2	63.5	51.2	14.2	360
Thaba-Tseka	73.7	73.1	82.1	72.5	52.0	7.5	435
Education							
No education	64.6	60.2	76.2	64.3	42.8	15.6	145
Primary, incomplete	74.3	72.5	80.7	66.3	52.5	11.2	2,136
Primary, complete	82.4	79.2	85.1	72.9	60.1	5.9	1,936
Secondary+	88.0	86.2	88.8	77.8	67.5	4.2	2,878
Employment							
Not employed	79.9	77.8	84.4	71.7	59.5	8.4	4,366
Employed for cash	88.2	86.1	86.8	76.2	65.3	3.9	1,633
Employed not for cash	80.2	77.3	85.5	71.5	56.9	6.2	1,081
Number of decisions in which woman has final say¹							
0	77.4	76.0	80.9	68.7	57.5	11.3	1,623
1-2	78.4	77.3	83.8	70.1	55.7	8.3	1,558
3-4	81.9	79.4	86.3	73.2	59.2	5.3	1,772
5	87.7	84.4	88.2	77.2	67.3	4.3	2,142
Number of reasons wife beating is justified							
0	85.0	83.3	86.6	78.4	68.5	6.9	3,665
1-2	79.7	76.7	82.6	68.5	53.0	6.8	1,685
3-4	79.3	76.2	85.2	64.5	50.9	7.0	1,276
5-6	72.1	71.2	82.2	65.4	50.6	8.9	469
Wealth quintile							
Lowest	71.8	67.4	78.9	65.7	49.7	12.5	987
Second	78.6	76.0	83.9	69.7	55.9	8.2	1,294
Middle	80.2	79.2	84.4	71.3	59.7	7.7	1,258
Fourth	84.8	81.8	87.0	74.3	62.7	6.0	1,595
Highest	87.8	86.9	87.9	77.8	67.5	3.9	1,962
Total	81.9	79.7	85.1	72.7	60.5	7.0	7,095

Note: Total includes 15 women with missing information on employment status.

¹ Either by herself or jointly with others

Table 3.13.2 Attitude towards refusing sex with husband: men

Percentage of men who believe that a wife is justified in refusing to have sex with her husband for specific reasons, by background characteristics, Lesotho 2004

Background characteristic	Wife is justified in refusing sex with husband if she:				Agrees with all of the specified reasons	Agrees with none of the specified reasons	Number of men
	Knows husband has a sexually transmitted disease	Knows husband has sex with other women	Has recently given birth	Is tired or not in the mood			
Age							
15-19	65.5	58.5	72.3	52.8	37.6	18.8	743
20-24	70.6	63.8	84.5	58.2	39.8	8.5	507
25-29	74.7	64.0	84.1	63.1	43.4	7.9	374
30-34	71.2	62.6	83.7	65.6	42.4	7.4	305
35-39	73.0	67.7	85.2	62.2	45.9	7.1	233
40-44	77.5	66.2	83.7	60.3	46.8	8.6	164
45-49	76.1	58.1	83.9	52.5	32.5	10.6	170
50-54	76.9	58.8	80.9	62.4	41.7	5.1	164
55-59	78.2	72.0	84.9	60.7	53.4	10.0	137
Marital status							
Never married	68.1	60.6	76.7	56.1	39.1	14.5	1,419
Married or living together	75.4	65.3	85.4	61.6	43.8	7.3	1,191
Divorced/separated/widowed	73.1	58.4	84.0	59.9	40.4	7.1	184
Number of living children							
0	68.5	60.7	77.6	55.6	39.1	13.7	1,561
1-2	75.7	65.4	87.5	67.4	46.0	5.8	635
3-4	73.7	65.7	83.5	58.7	42.5	9.4	359
5+	77.4	62.1	81.2	56.3	40.7	8.5	242
Residence							
Urban	73.6	67.9	83.3	61.6	48.1	9.2	603
Rural	71.0	61.1	80.2	57.9	39.3	11.4	2,194
Ecological zone							
Lowlands	71.4	63.8	81.8	60.4	42.7	10.1	1,734
Foothills	67.3	58.8	77.3	52.9	36.0	14.8	307
Mountains	70.3	57.0	76.8	52.8	35.0	13.2	585
Senqu River Valley	85.0	75.5	92.4	72.1	57.4	4.3	171
District							
Butha-Buthe	68.1	60.3	80.3	56.3	37.5	12.1	182
Leribe	70.8	65.2	76.2	57.6	43.4	13.7	393
Berea	74.4	64.9	79.5	60.0	39.2	8.7	350
Maseru	72.3	63.5	81.3	57.9	42.5	10.5	741
Mafeteng	56.2	49.5	80.6	52.9	29.3	16.1	297
Mohale's Hoek	80.2	64.8	88.1	67.6	50.2	5.9	281
Quthing	88.2	78.9	90.4	69.0	59.1	5.2	167
Qacha's Nek	57.4	49.5	67.2	52.2	24.6	19.8	99
Mokhotlong	72.6	61.7	83.3	57.3	44.8	11.3	130
Thaba-Tseka	71.6	61.0	78.9	55.0	33.8	8.7	156
Education							
No education	68.4	52.5	77.8	53.4	33.3	12.8	479
Primary, incomplete	67.7	61.6	76.2	52.5	37.3	13.7	1,194
Primary, complete	80.9	68.5	86.3	60.8	46.0	6.4	342
Secondary+	75.2	67.5	87.6	70.6	50.0	7.6	783
Employment							
Not employed	71.8	62.7	80.3	59.1	40.9	10.8	1,895
Employed for cash	75.6	69.1	86.3	64.4	48.9	7.8	587
Employed not for cash	62.2	49.0	74.5	45.4	28.5	17.1	311
Number of decisions in which woman has final say¹							
0	57.7	50.4	65.6	41.9	29.1	22.1	137
1-2	71.0	57.9	78.3	55.3	33.5	9.6	686
3-4	73.6	63.5	82.4	58.4	42.9	10.7	1,123
5-6	71.6	67.0	83.5	64.6	47.3	10.5	851
Number of reasons wife beating is justified							
0	73.2	65.0	81.3	64.2	48.6	12.6	1,360
1-2	69.8	60.8	78.9	57.3	36.3	10.5	663
3-4	71.2	60.0	81.5	53.3	33.7	7.7	621
5-6	65.9	58.6	83.6	37.7	27.6	11.2	153
Wealth quintile							
Lowest	71.6	58.3	76.3	53.3	35.4	12.4	466
Second	69.0	58.2	80.0	54.5	36.5	12.5	514
Middle	72.3	64.5	82.0	60.0	43.2	11.7	566
Fourth	71.6	61.5	78.5	58.2	40.6	10.8	621
Highest	72.9	68.5	86.4	65.6	48.2	8.0	630
Total	71.6	62.5	80.9	58.7	41.2	10.9	2,797

Note: Total includes 2 men with missing information on marital status and 4 men with missing information on employment status.

¹ Either by herself or jointly with others

Male respondents in the 2004 LDHS were further asked whether they thought that a husband had the right to take specific actions if his wife refused to have sex with him. The specified actions were to get angry and reprimand her, to refuse to give her money or other means of financial support, to use force and have sex with her even if she does not want to, and to have sex with another woman. Table 3.14 presents the results.

Data show that 56 percent of men think that the husband has the right to get angry and reprimand his wife if she refuses to have sex with him. Eighteen percent of men think that a husband has the right to refuse giving money or other means of financial support to his wife if she refuses to have sex, and an equal proportion think that a husband has the right to have sex with another woman if wife refuse to have sex with him. Twelve percent of men believe that a husband has the right to use force to have sex with his wife if she refuses to have sex with him.

Table 3.14 Reprimanding for refusing sex with husband

Percentage of men who believe that if a woman refuses to have sex with her husband when he wants to, he has the right to reprimand her, by background characteristics, Lesotho 2004

Background characteristic	Percent that think if a woman refuses sex with husband, the husband has the right to:				Number of men
	Get angry and reprimand her	Refuse to give her money or other means of financial support	Use force and have sex with her even if she doesn't want to	Have sex with another woman	
Age					
15-19	51.0	17.6	12.3	13.7	743
20-24	58.2	18.1	11.0	19.1	507
25-29	56.0	12.4	9.6	20.0	374
30-34	58.2	15.1	12.0	18.7	305
35-39	61.0	18.3	13.1	16.2	233
40-44	52.5	18.5	13.4	22.8	164
45-49	65.3	23.1	18.6	21.0	170
50-54	66.3	24.3	16.0	18.8	164
55-59	49.8	16.4	11.6	14.3	137
Marital status					
Never married	53.1	15.8	10.9	16.8	1,419
Married or living together	59.3	19.1	13.9	16.8	1,191
Divorced/separated/widowed	61.8	20.3	14.3	28.9	184
Number of living children					
0	54.2	16.5	12.0	17.0	1,561
1-2	56.9	15.6	9.6	17.3	635
3-4	62.0	20.4	14.9	20.9	359
5+	61.0	24.6	18.1	16.9	242
Residence					
Urban	48.5	13.5	10.1	16.6	603
Rural	58.6	18.6	13.0	17.8	2,194
Ecological zone					
Lowlands	53.7	16.2	10.2	16.0	1,734
Foothills	61.8	18.7	12.1	20.0	307
Mountains	61.7	23.6	20.5	21.8	585
Senqu River Valley	56.2	7.7	7.2	14.6	171
District					
Butha-Buthe	53.3	9.2	9.9	12.7	182
Leribe	57.7	21.0	12.5	15.2	393
Berea	66.6	22.1	13.2	16.9	350
Maseru	52.2	15.5	9.8	18.0	741
Mafeteng	44.2	12.8	9.7	20.9	297
Mohale's Hoek	61.8	18.8	12.2	16.5	281
Quthing	49.7	7.1	7.4	11.3	167
Qacha's Nek	58.1	28.3	23.0	25.2	99
Mokhotlong	61.8	25.8	24.1	25.4	130
Thaba-Tseka	68.8	21.5	19.4	19.3	156
Education					
No education	58.0	22.9	18.7	23.0	479
Primary, incomplete	57.8	18.7	14.7	19.6	1,194
Primary, complete	57.5	16.7	9.8	13.0	342
Secondary+	52.8	12.7	6.1	13.1	783
Employment					
Not employed	55.8	16.4	11.8	16.3	1,895
Employed for cash	58.1	19.1	10.6	16.6	587
Employed not for cash	56.5	21.5	19.5	27.2	311
Number of decisions in which woman has final say¹					
0	55.0	24.9	19.6	23.5	137
1-2	63.4	25.4	16.0	21.9	686
3-4	58.0	16.0	13.3	17.0	1,123
5-6	48.8	12.0	7.0	13.8	851
Number of reasons wife beating is justified					
0	43.8	9.3	5.8	9.8	1,360
1-2	59.8	18.1	12.0	20.5	663
3-4	74.8	31.1	21.0	28.2	621
5-6	78.6	32.4	37.6	30.4	153
Wealth quintile					
Lowest	61.5	21.6	20.2	22.5	466
Second	61.3	20.8	16.8	23.2	514
Middle	56.8	15.5	10.7	15.2	566
Fourth	51.3	15.4	7.6	14.8	621
Highest	53.3	15.6	9.3	14.2	630
Total	56.4	17.5	12.4	17.6	2,797

Note: Total includes 2 men with missing information on marital status and 4 men with missing information on employment status.

¹ Either by herself or jointly with others

FERTILITY LEVELS, TRENDS, AND DIFFERENTIALS

4.1 INTRODUCTION

Fertility is one of the three principal components of population dynamics, the others being mortality and migration (United Nations, 1973). This chapter presents an analysis of the fertility data collected in the 2004 LDHS. It includes a discussion on levels, trends, and differentials in fertility by selected background characteristics; data on lifetime fertility (children ever born and living); and a scrutiny of age at first birth and birth intervals. This discussion is followed by a brief discussion on adolescent fertility, which has become critical to the issue of fertility transition, particularly in the wake of a new policy on adolescent reproductive health.

The fertility data were collected by asking all women of reproductive age (15-49 years) to provide complete birth histories of all children they had given birth to, those who were currently living with them, those who were living away, and those who had died. The following information was also collected for each live birth: name, sex, date of birth, survival status, current age (if alive), and age at death (if dead). It is important to mention at the outset that the birth history approach has some limitations that might distort fertility levels and patterns. For instance, women may include relatives' children as their own or omit children who died young, while older women may forget grown children who have left home (United Nations, 1983). There is also an implicit assumption that the fertility of surviving women is similar to that of women who have died. Accordingly, the results should be viewed with these caveats in mind.

4.2 CURRENT FERTILITY

Measures of current fertility are presented in Table 4.1 for the three-year period preceding the survey, corresponding to the period from late 2001 to late 2004. Several measures of current fertility are shown. Age-specific fertility rates (ASFRs) are calculated by dividing the number of births to women in a specific age group by the number of woman-years lived during a given period.¹ The total fertility rate (TFR) is a common measure of current fertility and is defined as the average number of children a woman would have if she went through her entire reproductive period (15-49 years) reproducing at the prevailing ASFR. The general fertility rate (GFR) represents the annual number of births per 1,000 women age 15-44, and the crude birth rate (CBR) represents the annual number of births per 1,000 population. The CBR is estimated using the birth history data in conjunction with the population data collected in the household schedule.

Table 4.1 Current fertility

Age-specific and cumulative fertility rates, the general fertility rate, and the crude birth rate for the three years preceding the survey, by urban-rural residence, Lesotho 2004

Age group	Residence		Total
	Urban	Rural	
15-19	45	103	91
20-24	98	206	177
25-29	92	190	160
30-34	66	142	122
35-39	51	118	101
40-44	33	50	46
45-49	0	11	9
TFR	1.9	4.1	3.5
GFR	69	138	121
CBR	19.3	26.7	25.3

Note: Rates for age group 45-49 may be slightly biased because of truncation.

TFR: Total fertility rate for ages 15-49, expressed per woman

GFR: General fertility rate (births divided by the number of women age 15-44), expressed per 1,000 women

CBR: Crude birth rate, expressed per 1,000 population

¹ Numerators for the age-specific fertility rates are calculated by summing all births that occurred during the 1 to 36 months preceding the survey, classified by the age of the mother at the time of birth in 5-year age groups. The denominators are the number of woman-years lived in each specific 5-year age group during the 1 to 36 months preceding the survey.

Table 4.1 shows a TFR of 3.5 children per woman for the three-year period preceding the survey (late-2001 to late-2004). Fertility is considerably higher in the rural areas (4.1 children per woman) than urban areas (1.9 children per woman). Considering the age pattern, fertility peaks at age 20-24, remains relatively high at age 25-29, and then drops off, falling sharply after age 39. Although the age pattern is generally similar with peak fertility occurring at age 20-24 for both urban and rural women, rural rates are higher than urban rates at every age.

4.3 FERTILITY BY BACKGROUND CHARACTERISTICS

Differences in current fertility (as assessed by the total fertility rate and the percentage currently pregnant) by urban-rural residence, district, educational attainment, and wealth quintile are shown in Table 4.2. The percentage currently pregnant is likely to be an underestimate because women in the early stages of pregnancy may not be aware that they are pregnant, or are unsure, and some may choose not to report that they are pregnant.

Current fertility is lowest in the Lowlands zone and highest in the Mountains zone (Figure 4.1). By district, the TFR ranges from a low of 2.5 births in Maseru to a high of 5.1 births per woman in Thaba-Tseka. Butha-Buthe and Mafeteng have the lowest proportions of women reporting they are pregnant (about 4 percent), while Mokhotlong (9 percent) and Thaba-Tseka (8 percent) have the highest proportions.

As expected, a woman's education is strongly associated with fertility. For example, the TFR decreases from 4.2 births for women with primary incomplete education to 2.8 births for women with at least some secondary education. Fertility is also closely associated with wealth whereby the lowest quintile displays higher fertility (5.2 births) and the highest quintile shows the lowest fertility (2.0 births).

Table 4.2 also presents a crude assessment of trends in fertility in the various subgroups by comparing current fertility with a measure of completed fertility, the mean number of children ever born (CEB) to women age 40-49. The mean number of children ever born takes into account the lifetime fertility of older women who are nearing the end of their reproductive period and, thus, represents completed fertility of women who began their child-bearing during the three decades preceding the survey. If fertility is stable over time in a population, the TFR and the mean CEB for women 40-49 are expected to be similar. When fertility levels have been falling, the TFR will be substantially lower than the mean CEB among women age 40-49.

Table 4.2 Fertility by background characteristics

Total fertility rate for the three years preceding the survey, percentage of women 15-49 currently pregnant, and mean number of children ever born to women age 40-49 years, by background characteristics, Lesotho 2004

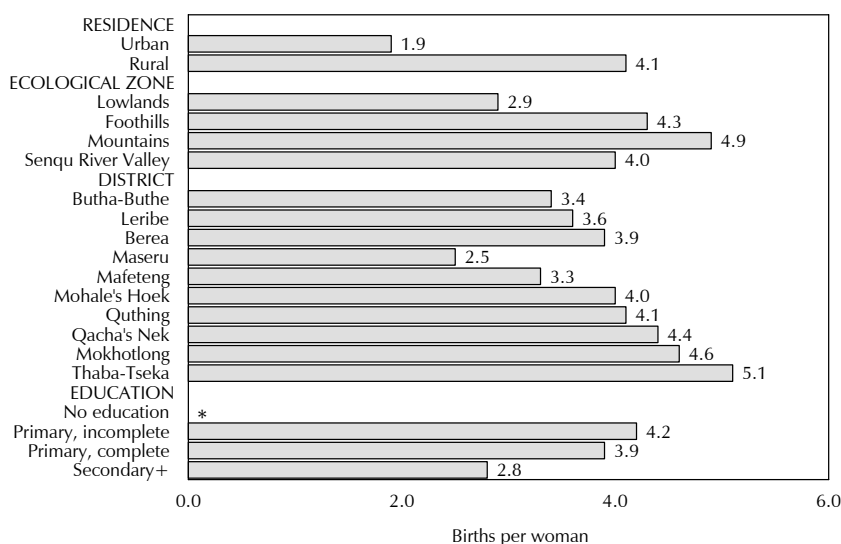
Background characteristic	Total fertility rate	Percentage currently pregnant ¹	Mean number of children ever born to women age 40-49
Residence			
Urban	1.9	3.9	3.5
Rural	4.1	6.7	5.0
Ecological zone			
Lowlands	2.9	4.8	4.4
Foothills	4.3	7.1	5.1
Mountains	4.9	8.7	5.2
Senqu River Valley	4.0	6.4	5.1
District			
Butha-Buthe	3.4	3.7	4.8
Leribe	3.6	6.0	5.1
Berea	3.9	6.4	5.2
Maseru	2.5	6.3	4.0
Mafeteng	3.3	4.1	4.5
Mohale's Hoek	4.0	5.1	4.9
Quthing	4.1	7.1	5.1
Qacha's Nek	4.4	6.4	4.7
Mokhotlong	4.6	8.8	4.8
Thaba-Tseka	5.1	8.2	5.4
Education			
No education	*	*	*
Primary, incomplete	4.2	6.4	5.1
Primary, complete	3.9	6.7	4.9
Secondary+	2.8	5.2	3.7
Wealth quintile			
Lowest	5.2	9.6	5.6
Second	4.5	8.0	5.2
Middle	3.8	5.8	5.1
Fourth	3.4	4.4	4.7
Highest	2.0	4.4	3.7
Total	3.5	6.1	4.7

Note: An asterisk indicates that a figure is based on fewer than 250 woman-years of exposure and has been suppressed.

¹ Women age 15-49 years

Current fertility generally falls substantially below lifetime fertility of women 40-49, except for the small number of respondents with no education. The comparison suggests that fertility has fallen by more than one birth during the past few decades. The implied fertility decline is largest among urban women, women living in the Lowlands zone, and women living in Leribe and Maseru districts (Table 4.2).

Figure 4.1 Total Fertility Rate by Background Characteristics



Note: An asterisk indicates that a figure is based on fewer than 250 woman-years of exposure and has been suppressed.

LDHS 2004

4.4 FERTILITY TRENDS

Lesotho is endowed with a wealth of demographic data. Accordingly, changes in fertility levels over time can be tracked by examining fertility estimates from various surveys and censuses, spanning the last three decades. Table 4.3 and Figure 4.2 indicate that the TFR declined significantly during the last three decades of the 20th century, changing from a high of 5.4 children per woman in the mid-1970s and 5.3 in the mid-1980s to 4.1 in the mid-1990s, 4.2 in 2001, and 3.5 children in 2004.

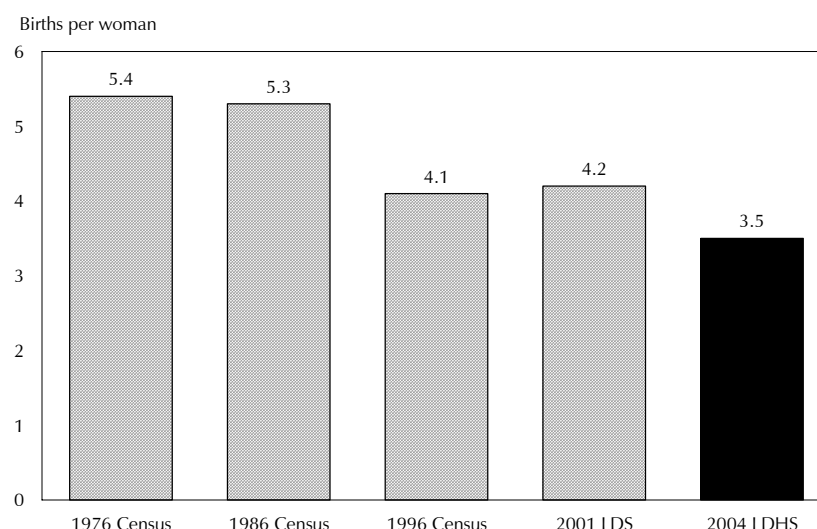
Table 4.3 Trends in fertility

Age-specific fertility rates (per 1,000 women) and total fertility rates, 1976, 1986, and 1996 Population and Housing Censuses, 2001 LDS, and 2004 LDHS

Age group	1976 Census	1986 Census	1996 Census	2001 LDS	2004 LDHS
15-19	65	70	37	81	91
20-24	239	246	145	196	177
25-29	259	256	153	204	160
30-34	222	223	131	122	122
35-39	165	178	106	148	101
40-44	96	95	66	60	46
45-49	39	30	27	28	9
TFR	5.4	5.3	4.1	4.2	3.5

Sources: BOS 1976, BOS 1986, BOS 1996, BOS 2001, MOHSW, BOS, and ORC Macro, 2005

Figure 4.2 Total Fertility Rates, Lesotho 1976-2004



Furthermore, data on other fertility correlates collected in the 2004 LDHS are internally consistent with this trend. Fertility changes can be examined by looking at the trend in age-specific fertility rates for successive five-year periods before the survey, using the birth histories obtained from 2004 LDHS respondents. The age-specific fertility rates shown in Table 4.4 were generated from the birth history data collected in the 2004 LDHS. The numerators of the rates are classified by five-year segments of time preceding the survey and the mother's age at the time of birth. Because women 50 years and over were not interviewed in the survey, the rates for older age groups become progressively more truncated for periods more distant from the survey date. For example, rates cannot be calculated for women age 45-49 for the period 5-9 years and more preceding the survey, because women in that age group would have been 50 years or older at the time of the survey.

The results in Table 4.4 confirm that fertility has fallen substantially among all age groups, with the most rapid relative decline among women in their 30s.

Table 4.4 Trends in age-specific fertility rates

Age-specific fertility rates for five-year periods preceding the survey, by mother's age at the time of the birth, Lesotho 2004

Mother's age at birth	Number of years preceding survey			
	0-4	5-9	10-14	15-19
15-19	98	95	110	112
20-24	211	223	252	265
25-29	184	195	232	237
30-34	145	174	179	(216)
35-39	116	126	(172)	-
40-44	57	(68)	-	-
45-49	(12)	-	-	-

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated.

4.5 CHILDREN EVER BORN AND CHILDREN SURVIVING

Table 4.5 shows the distribution of all women and currently married women age 15-49 by number of children ever born and mean number of children ever born and living. More than four-fifths of women age 15-19 (85 percent) have never given birth. However, this proportion declines rapidly to less than 6 percent for women age 30 and above, indicating that childbearing among women is nearly universal. On average, women attain a parity of 5.2 children by the end of their childbearing years, with 4.4 of these children surviving.

The same pattern is replicated for currently married women, except that only 46 percent of married women age 15-19 have not borne a child. As with all women, this proportion declines, although more rapidly, to 7 percent or less for currently married women age 25 and above compared with 16 percent or less of all women age 25 and above. On average, currently married women age 45-49 have borne 5.5 children, with less than one child having died.

Table 4.5 Children ever born and living

Percent distribution of all women and currently married women by number of children ever born, and mean number of children ever born and mean number of living children, according to age group, Lesotho 2004

Age	Number of children ever born											Total	Number of women	Mean number of children ever born	Mean number of living children
	0	1	2	3	4	5	6	7	8	9	10+				
ALL WOMEN															
15-19	84.7	14.5	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,710	0.16	0.15
20-24	37.2	40.1	18.6	3.6	0.4	0.1	0.0	0.0	0.0	0.0	0.0	100.0	1,463	0.90	0.82
25-29	15.7	28.2	29.2	18.6	6.3	1.8	0.2	0.0	0.0	0.0	0.0	100.0	1,044	1.78	1.59
30-34	5.8	16.1	24.3	23.2	17.0	8.7	3.7	1.1	0.2	0.0	0.0	100.0	816	2.77	2.49
35-39	3.3	9.5	15.3	25.8	14.9	15.9	10.2	3.2	0.9	0.9	0.1	100.0	728	3.57	3.27
40-44	3.4	5.8	11.5	16.4	17.6	15.7	11.3	10.4	5.1	2.1	0.7	100.0	741	4.35	3.90
45-49	1.3	3.5	9.5	12.3	14.8	15.2	15.9	9.5	10.2	4.0	3.8	100.0	592	5.15	4.40
Total	31.9	19.6	14.7	11.6	7.6	5.8	4.0	2.3	1.5	0.6	0.4	100.0	7,095	2.06	1.84
CURRENTLY MARRIED WOMEN															
15-19	45.8	50.3	3.8	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	100.0	293	0.58	0.53
20-24	12.6	53.3	27.5	5.7	0.6	0.1	0.0	0.0	0.0	0.0	0.0	100.0	779	1.29	1.17
25-29	7.0	25.6	34.8	22.4	7.7	2.2	0.2	0.0	0.0	0.0	0.0	100.0	700	2.06	1.84
30-34	2.9	13.4	24.5	24.5	19.8	9.0	4.1	1.5	0.3	0.0	0.0	100.0	593	2.98	2.72
35-39	1.8	6.5	15.0	27.6	13.6	18.0	11.0	4.4	0.7	1.3	0.2	100.0	484	3.80	3.50
40-44	1.5	4.7	8.6	17.2	17.3	17.3	11.9	13.2	4.7	2.5	1.2	100.0	478	4.66	4.25
45-49	0.2	2.4	8.7	12.5	14.4	13.5	16.7	9.2	12.8	4.6	5.0	100.0	383	5.45	4.67
Total	8.5	23.8	20.5	16.4	10.2	7.9	5.4	3.5	2.1	1.0	0.7	100.0	3,709	2.84	2.55

4.6 BIRTH INTERVALS

Examination of birth intervals is important in providing insights into birth spacing patterns and, subsequently, maternal and child health. Studies have shown that children born less than 24 months after a previous sibling risk poorer health and also threaten maternal health. Table 4.6 provides a glimpse into the birth intervals of children born to women of reproductive age during the five years preceding the survey across selected subgroups.

The median birth interval is 42 months, meaning that half of all non-first births take place at least 42 months after a preceding birth. The shortest birth interval is observed among children whose preceding sibling died (28 months), while the longest is among children born to urban mothers (57 months), women living in Maseru (48 months), women with at least some secondary education (47 months), those in the highest wealth quintile (56 months), and women age 40-49 (52 months).

Eleven percent of children are born less than 24 months after a previous birth, an interval perceived to be “too short.” The wealth quintile indicates higher proportions of short birth intervals in the lowest quintile (14 percent) and low representation in the highest quintile (6 percent).

Table 4.6 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, according to background characteristics, Lesotho 2004

Background characteristic	Months since preceding birth					Total	Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48+			
Age								
20-29	6.0	8.6	32.0	27.4	26.1	100.0	1,032	37.0
30-39	2.9	3.7	20.4	20.9	52.1	100.0	914	49.6
40-49	4.4	3.6	16.1	20.9	55.0	100.0	365	52.3
Birth order								
2-3	4.4	6.5	25.2	24.1	39.7	100.0	1,322	41.7
4-6	4.4	4.9	24.2	23.1	43.5	100.0	769	43.3
7+	5.4	7.5	26.2	23.2	37.7	100.0	233	41.9
Sex of preceding birth								
Male	4.9	5.5	26.2	21.8	41.7	100.0	1,161	42.7
Female	4.1	6.6	23.8	25.6	39.9	100.0	1,163	42.0
Survival of preceding birth								
Living	2.6	5.1	24.5	24.5	43.3	100.0	2,094	44.0
Dead	21.5	15.1	29.7	16.0	17.6	100.0	230	27.7
Residence								
Urban	4.2	2.1	13.4	20.2	60.2	100.0	276	57.4
Rural	4.6	6.6	26.6	24.2	38.1	100.0	2,047	41.1
Ecological zone								
Lowlands	3.8	4.7	18.2	23.2	50.1	100.0	1,081	48.1
Foothills	3.7	8.1	30.4	21.9	35.8	100.0	320	38.7
Mountains	5.8	6.6	31.8	24.8	31.0	100.0	776	38.0
Senqu River Valley	4.2	8.3	27.6	25.4	34.6	100.0	147	39.3
District								
Butha-Buthe	2.5	5.5	32.5	17.7	41.9	100.0	122	41.1
Leribe	3.7	6.7	26.1	22.3	41.2	100.0	365	42.3
Berea	4.5	6.6	20.8	29.1	39.0	100.0	260	42.4
Maseru	3.7	4.8	21.2	20.5	49.9	100.0	446	48.0
Mafeteng	5.0	6.1	15.1	27.0	46.8	100.0	236	45.7
Mohale's Hoek	5.5	3.8	23.7	24.4	42.6	100.0	229	44.5
Quthing	5.4	7.2	28.6	24.6	34.2	100.0	155	39.7
Qacha's Nek	3.5	7.2	38.1	19.4	31.8	100.0	115	36.6
Mokhotlong	4.9	8.2	30.3	28.9	27.8	100.0	173	37.0
Thaba-Tseka	6.8	6.4	30.2	22.5	34.1	100.0	222	39.1
Education								
No education	7.3	4.5	23.4	27.3	37.5	100.0	81	40.2
Primary, incomplete	5.8	7.1	28.3	24.0	34.8	100.0	821	39.0
Primary, complete	3.7	7.2	24.3	23.2	41.5	100.0	739	42.5
Secondary+	3.5	3.8	21.9	23.3	47.5	100.0	683	46.8
Wealth quintile								
Lowest	7.0	6.7	34.8	23.7	27.7	100.0	526	36.4
Second	4.5	7.2	29.4	26.8	32.1	100.0	588	39.3
Middle	3.5	7.3	25.9	22.6	40.7	100.0	404	42.6
Fourth	3.4	5.4	15.3	23.9	52.0	100.0	416	49.4
Highest	3.4	2.8	14.3	19.9	59.6	100.0	389	56.1
Total	4.5	6.1	25.0	23.7	40.8	100.0	2,324	42.4

Note: First-order births are excluded. The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth. Number of non-first births to mothers age 15-19 is less than 25; therefore, the figures have been suppressed.

4.7 AGE AT FIRST BIRTH

The onset of childbearing has a direct bearing on fertility. Early initiation of childbearing lengthens the reproductive period and subsequently increases fertility.

Table 4.7 shows median age at first birth as well as the percentage of women who gave birth by a given exact age, by five-year age groups of women. The youngest cohort of women for whom median age at first birth can be calculated is 25-29 years (the medians for age groups 15-19 and 20-24 cannot be determined, as less than half of the women had a birth before reaching the lowest age of the age group).

Table 4.7 Age at first birth								
Among all women, percentage who gave birth by exact age, and median age at first birth, by current age, Lesotho 2004								
Current age	Percentage who gave birth by exact age					Percentage who have never given birth	Number of women	Median age at first birth
	15	18	20	22	25			
15-19	0.2	na	na	na	na	84.7	1,710	a
20-24	0.9	15.3	39.3	na	na	37.2	1,463	a
25-29	1.5	14.7	41.1	64.0	79.4	15.7	1,044	20.7
30-34	0.5	16.9	43.8	68.4	83.1	5.8	816	20.4
35-39	2.1	16.5	41.7	68.2	84.3	3.3	728	20.6
40-44	1.6	17.0	43.7	67.4	83.9	3.4	741	20.4
45-49	2.3	16.0	48.1	74.5	88.9	1.3	592	20.1
na = Not applicable								
a = Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group								

Among women in the 25-29 age group, the median age at first birth is 20.7 years. Although the pattern is not uniform, age at first birth has shown some slight increase over the years, being later for younger women as compared with older women. However, caution should be exercised in interpreting these slight changes, as they are likely to be statistically insignificant.

Further insights into the onset of childbearing can be discerned by examining the percentage of women who had a first birth by the given exact ages for various age groups of women. For example, the proportion of women having their first birth by age 18 is slightly lower for younger women compared with older ones. This observation is consistent with a slightly rising age at first birth.

Table 4.8 shows the median age at first birth among women age 25-49 by current age, according to selected background characteristics. A significantly higher median age at first birth is observed in urban areas compared with rural areas for all age groups. Among ecological zones, a higher median is recorded in the Lowlands (20.7 years) for women age 25-49. Considering the district patterns, Maseru has the highest median age at birth (21.1 years).

The onset of childbearing is significantly related to education of women. According to Table 4.8, women with secondary education or more begin their childbearing two years later than women with no education.

Table 4.8 Median age at first birth by background characteristics

Median age at first birth among women age 25-49 years, by current age and background characteristics, Lesotho 2004

Background characteristic	Current age					Women age 25-49
	25-29	30-34	35-39	40-44	45-49	
Residence						
Urban	22.1	21.2	21.7	21.6	21.2	21.6
Rural	20.3	20.2	20.3	20.2	20.0	20.2
Ecological zone						
Lowlands	20.9	20.6	20.8	20.6	20.3	20.7
Foothills	19.7	20.5	20.8	20.1	20.2	20.2
Mountains	20.3	20.1	20.0	20.2	19.9	20.1
Senqu River Valley	21.5	19.9	20.7	20.0	19.7	20.4
District						
Butha-Buthe	21.0	20.7	21.1	20.3	19.9	20.5
Leribe	19.9	20.3	20.2	20.6	19.9	20.1
Berea	20.5	20.4	20.3	20.0	20.5	20.3
Maseru	21.2	20.8	21.0	21.2	21.1	21.1
Mafeteng	21.0	20.5	21.2	20.4	19.5	20.5
Mohale's Hoek	20.6	19.8	20.5	19.4	20.2	20.1
Quthing	21.0	19.7	20.3	19.7	19.7	20.1
Qacha's Nek	21.0	20.5	19.7	20.2	20.5	20.4
Mokhotlong	20.6	20.5	20.0	20.6	19.6	20.3
Thaba-Tseka	20.4	20.4	20.5	20.2	19.9	20.3
Education						
No education	*	*	*	*	*	*
Primary, incomplete	19.8	19.7	19.5	19.9	19.6	19.7
Primary, complete	19.9	20.2	20.4	20.1	20.2	20.1
Secondary+	21.7	21.1	21.6	21.9	22.5	21.7
Wealth quintile						
Lowest	19.7	20.2	19.6	19.9	20.0	19.9
Second	19.9	20.0	20.2	20.3	19.6	20.0
Middle	20.3	20.0	20.3	19.9	20.3	20.2
Fourth	21.3	20.1	20.8	20.5	20.0	20.6
Highest	21.7	21.3	21.2	20.9	21.1	21.3
Total	20.7	20.4	20.6	20.4	20.1	20.5

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

4.8 TEENAGE FERTILITY

It is important to examine the fertility of adolescents for various reasons. First, children born to very young mothers are normally predisposed to higher risks of illness and death. Second, adolescent mothers are more likely to experience complications during pregnancy and are less likely to be prepared to deal with them, which often leads to maternal deaths. Finally, early entry into parenthood denies teenagers the opportunity to pursue a basic education or further academic goals. Lack of education is detrimental to career prospects and often results in lower status in society.

Table 4.9 shows the percentage of women age 15-19 who were mothers or were pregnant with their first child at the time of the 2004 LDHS. The results indicate that one in five women in the 15-19 age group have had at least one birth (15 percent) or are pregnant with their first child (5 percent).

Table 4.9 Teenage pregnancy and motherhood

Percentage of women age 15-19 who are mothers or pregnant with their first child, by background characteristics, Lesotho 2004

Background characteristic	Percentage who are:		Percentage who have begun childbearing	Number of women
	Mothers	Pregnant with first child		
Age				
15	0.8	1.1	1.9	293
16	4.5	1.7	6.2	386
17	9.0	5.3	14.3	326
18	24.3	8.3	32.6	358
19	36.1	7.6	43.7	347
Residence				
Urban	7.2	2.6	9.8	314
Rural	17.1	5.4	22.5	1,396
Ecological zone				
Lowlands	13.6	4.0	17.6	990
Foothills	13.7	8.0	21.7	199
Mountains	18.6	5.3	24.0	395
Senqu River Valley	20.4	5.4	25.8	125
District				
Butha-Buthe	10.7	5.3	15.9	125
Leribe	13.0	4.1	17.1	240
Berea	11.8	6.0	17.8	200
Maseru	14.4	5.8	20.3	382
Mafeteng	16.9	3.9	20.8	180
Mohale's Hoek	16.7	3.8	20.6	194
Quthing	22.0	5.7	27.7	144
Qacha's Nek	13.2	4.8	18.0	55
Mokhotlong	17.9	2.9	20.7	84
Thaba-Tseka	19.9	4.9	24.8	107
Education				
No education	*	*	*	5
Primary, incomplete	16.0	4.4	20.4	601
Primary, complete	20.5	5.8	26.3	400
Secondary+	11.4	4.8	16.2	704
Wealth quintile				
Lowest	20.1	7.5	27.6	234
Second	20.9	6.3	27.2	328
Middle	17.6	5.8	23.4	361
Fourth	14.4	2.8	17.2	365
Highest	7.0	3.2	10.3	422
Total	15.3	4.9	20.2	1,710

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 4.9 also shows that the proportion of teenagers who have begun childbearing increases from 2 percent at age 15 to 44 percent at age 19. Rural teenagers are much more likely than urban teenagers to have begun childbearing. Teenage fertility is markedly higher than the national level in the Mountains and Senqu River Valley zones and in Quthing and Thaba-Tseka districts. Teenagers who attended secondary school are less likely than those with less education to have initiated childbearing. Increasing wealth quintile is associated with lower teenage childbearing.

This chapter presents results from the 2004 LDHS regarding various aspects of contraceptive knowledge, attitudes, and behaviour. Although the focus is on women, some results on men are also presented because men play an important role in the realisation of reproduction goals. To get an indication of interspousal communication and agreement in knowledge and attitudes of couples regarding family planning, the study compared the responses of men, where possible, with the responses of their wives in the same household.

5.1 KNOWLEDGE OF CONTRACEPTIVE METHODS

Individuals who have adequate information about the available methods of contraception are better able to make choices about planning their families. Thus, one major objective of the 2004 LDHS was to obtain information regarding the level of knowledge of family planning methods among reproductive age women and men. Information on knowledge of contraception was collected during the survey by asking the respondents to name ways or methods by which a couple could delay or avoid pregnancy. If the respondent failed to mention a particular method spontaneously, the interviewer described the method and asked whether the respondent recognised it. In this manner, information was collected about 12 modern methods: female sterilisation, male sterilisation, the pill, intrauterine contraceptive device (IUCD), injectables, implants, male condoms, female condoms, diaphragm, foam/jelly, lactational amenorrhoea (LAM), emergency contraception, and two traditional methods (periodic abstinence [rhythm] and withdrawal). Provision was also made in the questionnaire to record any other methods named spontaneously by the respondent.

Tables 5.1.1 and 5.1.2 show the knowledge of contraceptive methods among all women age 15-49 and men age 15-59, as well as by marital status. Knowledge of family planning is nearly universal, with 97 percent of all women age 15-49 and 96 percent of men age 15-59 knowing at least one method of family planning.

Modern methods are more widely known than traditional methods. For example, 97 percent of women have heard of at least one modern method, and only 51 percent know of a traditional method. Among all women, the male condom is the most widely known method of family planning, with 94 percent of all women saying they had heard of the method. Although it is less widely known, a majority of women (72 percent) have also heard about the female condom. Other widely recognised modern methods include the pill (85 percent) and injectables (86 percent). Substantial proportions of women also have heard about the IUCD (62 percent) and female sterilisation (52 percent). One in six women are aware of male sterilisation. Other modern methods including implants, LAM, diaphragm, foam/jelly, and emergency contraception are not widely known, with less than 12 percent of women reporting knowledge of any of these methods. Withdrawal is the most widely known traditional method, with more than four in ten women knowing about withdrawal.

Table 5.1.1 Knowledge of contraceptive methods: women

Percentage of all women, of currently married women, of sexually active unmarried women, of sexually inactive unmarried women, and of women with no sexual experience who know any contraceptive method, by specific method, Lesotho 2004

Method	All women	Currently married women	Unmarried women who ever had sex		Unmarried women who never had sex
			Sexually active ¹	Not sexually active ²	
Any method	97.2	98.3	99.7	98.3	91.2
Any modern method	97.1	98.1	99.5	98.3	91.2
Female sterilisation	51.7	57.6	62.7	54.5	24.5
Male sterilisation	16.3	16.7	24.5	17.4	10.1
Pill	85.2	91.7	92.3	88.4	56.9
IUCD	61.6	69.3	73.1	64.5	28.5
Injectables	86.4	92.9	94.6	90.5	56.8
Implants	8.7	10.2	14.2	7.2	3.8
Male condom	94.3	94.9	96.8	95.7	89.1
Female condom	72.2	72.9	81.9	77.1	59.1
Diaphragm	9.5	11.1	11.4	9.0	4.4
Foam/jelly	9.8	11.7	13.6	9.1	3.5
Lactational amenorrhoea method (LAM)	11.8	14.5	15.5	11.4	2.7
Emergency contraception	8.7	9.2	15.3	8.2	5.5
Any traditional method	50.7	60.4	65.7	50.7	14.3
Rhythm or periodic abstinence	14.7	15.8	21.5	16.3	6.4
Withdrawal	41.6	51.2	56.4	40.1	7.8
Local traditional method	22.4	26.7	29.4	22.7	5.8
Mean number of methods known	6.2	6.7	7.3	6.3	3.7
Number of women	7,095	3,709	441	1,770	1,178

¹ Had sexual intercourse in the one month preceding the survey

² Did not have sexual intercourse in the one month preceding the survey

As assessed by the mean number of methods recognised, contraceptive knowledge is highest among sexually active unmarried women (7.3 methods) followed by currently married women (6.7 methods). Unmarried women who have never had sexual intercourse are the least likely to know about contraceptive methods; nevertheless, they have heard of an average of 3.7 methods. Although knowledge of the male condom is high among all groups of women, it is highest among sexually active unmarried women (97 percent). The gap in knowledge between women who are married and those who are unmarried and sexually active is especially notable for long-term and permanent methods (i.e., male sterilisation, IUCD).

Contraceptive knowledge is slightly lower among all men (4.4 methods) and currently married men (5.3 methods) than among all women (6.2 methods) and currently married women (6.7 methods). Even among those who are unmarried, men are somewhat less likely to know about contraceptive methods. Men are more likely than women to know about male condoms, male sterilisation, and withdrawal, and women are more likely to know about such female-oriented methods as the pill, IUCD, injectables, and implants.

Table 5.1.2 Knowledge of contraceptive methods: men

Percentage of all men, of currently married men, of sexually active unmarried men, of sexually inactive unmarried men, and of men with no sexual experience who know any contraceptive method, by specific method, Lesotho 2004

Method	All men	Currently married men	Unmarried men who ever had sex		Unmarried men who never had sex
			Sexually active ¹	Not sexually active ²	
Any method	96.0	98.2	99.3	97.8	85.5
Any modern method	95.7	97.7	99.1	97.8	85.5
Female sterilisation	37.0	49.0	44.4	31.3	11.2
Male sterilisation	19.5	24.9	23.8	16.2	8.1
Pill	59.5	72.6	65.1	57.6	26.9
IUCD	32.4	40.6	35.8	30.8	12.8
Injectables	60.4	75.9	67.1	55.6	25.8
Implants	4.2	5.4	4.7	4.0	1.2
Male condom	94.6	96.0	98.7	97.2	84.5
Female condom	57.6	59.7	66.4	61.0	40.9
Diaphragm	5.0	6.1	6.1	3.9	2.9
Foam/jelly	5.8	7.9	5.3	5.3	1.7
Lactational amenorrhoea method (LAM)	7.0	11.2	6.0	5.0	1.1
Emergency contraception	6.9	7.8	8.7	7.5	2.7
Any traditional method	44.5	62.5	48.6	38.0	8.2
Rhythm or periodic abstinence	11.0	12.9	12.2	12.3	3.5
Withdrawal	42.2	61.0	45.7	34.0	6.9
Mean number of methods known	4.4	5.3	4.9	4.2	2.3
Number of men	2,797	1,191	384	716	506

¹ Had sexual intercourse in the one month preceding the survey

² Did not have sexual intercourse in the one month preceding the survey

Table 5.2 shows knowledge of contraceptive methods by background characteristics. The results indicate that there are no significant variations in knowledge of contraception by background characteristics.

Table 5.2 Knowledge of contraceptive methods by background characteristics						
Percentage of currently married women and currently married men who know at least one contraceptive method and who know at least one modern method by background characteristics, Lesotho 2004						
Background characteristic	Women			Men		
	Knows any method	Knows any modern method	Number of women	Knows any method	Knows any modern method	Number of men
Age						
15-19	95.2	95.2	293	*	*	3
20-24	97.6	97.6	779	98.4	97.8	102
25-29	99.3	99.0	700	99.4	98.6	200
30-34	99.4	99.4	593	98.7	98.7	212
35-39	98.3	98.3	484	100.0	99.5	178
40-44	98.5	98.3	478	99.1	99.1	124
45-49	98.3	97.3	383	95.0	94.0	132
50-54	na	na	na	97.2	96.6	127
55-59	na	na	na	97.0	96.1	113
Residence						
Urban	99.6	99.6	738	99.5	99.5	293
Rural	98.0	97.8	2,970	97.8	97.1	898
Ecological zone						
Lowlands	99.3	99.3	2,132	99.4	99.2	692
Foothills	98.1	98.1	456	97.2	96.3	132
Mountains	95.9	95.1	929	95.6	94.6	300
Senqu River Valley	99.7	99.7	191	100.0	99.1	67
District						
Butha-Buthe	98.9	98.8	250	97.4	97.2	76
Leribe	98.8	98.8	579	99.1	99.1	179
Berea	99.6	99.6	419	97.3	97.3	140
Maseru	98.3	97.9	903	98.7	98.1	326
Mafeteng	98.4	98.4	414	100.0	98.4	84
Mohale's Hoek	99.4	99.4	349	99.0	98.5	125
Quthing	97.8	97.8	215	98.7	97.4	70
Qacha's Nek	95.0	95.0	119	96.3	96.3	42
Mokhotlong	96.4	96.4	203	94.9	94.9	75
Thaba-Tseka	96.3	95.1	257	97.1	95.7	73
Education						
No education	98.1	96.9	86	94.8	94.0	304
Primary, incomplete	96.3	96.1	1,154	99.1	98.3	480
Primary, complete	99.1	98.9	1,150	100.0	100.0	128
Secondary+	99.4	99.3	1,319	99.7	99.7	279
Wealth quintile						
Lowest	94.5	93.8	574	94.5	92.9	197
Second	98.0	97.7	709	98.4	97.5	246
Middle	98.8	98.8	648	98.7	98.3	212
Fourth	99.0	98.9	854	99.6	99.6	243
Highest	99.9	99.9	923	99.1	99.1	294
Total	98.3	98.1	3,709	98.2	97.7	1,191
Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. na = Not applicable						

5.2 EVER USE OF CONTRACEPTION

All women and men interviewed in the 2004 LDHS who said that they had heard of a method of family planning were asked whether they had ever used that method. Tables 5.3.1 and 5.3.2 show the percentage of all respondents, currently married respondents, and sexually active unmarried respondents who have ever used specific methods of family planning, by age.¹

Table 5.3.1 shows that 76 percent of currently married women have used a contraceptive method at some time, 70 percent have used a modern method, and 31 percent have used a traditional method. The methods most commonly used by married women are injectables (45 percent), pill (39 percent), male condom (36 percent), and withdrawal (27 percent). Ever use of other methods does not exceed 10 percent.

Table 5.3.1 Ever use of contraception: women																			
Percentage of all women, of currently married women, and of sexually active unmarried women who have ever used any contraceptive method, by specific method and age, Lesotho 2004																			
Age	Any method	Any modern method	Modern method										Emergency contraception	Any traditional method	Traditional method			Number of women	
			Female sterilisation	Male sterilisation	Pill	IUCD	Injectables	Implants	Male condom	Female condom	Dia-phragm	Foam/jelly			Periodic abstinence	Withdrawal	Local traditional method		
ALL WOMEN																			
15-19	22.2	21.4	0.0	0.0	2.3	0.3	3.9	0.0	17.9	0.7	0.0	0.0	0.1	0.1	2.9	0.8	2.1	0.3	1,710
20-24	62.3	59.2	0.6	0.2	18.9	0.9	24.5	0.1	41.8	1.7	0.1	0.1	2.4	0.3	14.4	2.7	11.5	1.7	1,463
25-29	82.7	77.8	0.7	0.0	40.3	3.7	51.2	0.1	50.2	2.3	0.3	0.5	4.0	0.9	26.7	4.5	21.8	3.5	1,044
30-34	87.5	83.0	2.3	0.1	48.8	11.7	58.1	0.3	46.5	2.9	0.0	0.7	5.7	0.8	37.9	5.0	32.4	6.3	816
35-39	83.7	78.7	4.5	0.0	48.8	13.2	56.1	0.2	36.3	3.2	0.0	1.9	5.5	0.1	32.4	3.9	28.6	5.7	728
40-44	76.7	68.5	6.4	0.2	41.4	15.2	44.3	0.0	28.2	1.8	0.0	2.1	4.7	0.4	39.5	6.5	32.4	9.4	741
45-49	72.3	60.7	5.5	0.0	33.1	15.7	38.6	0.3	18.2	0.5	0.1	2.4	5.1	0.0	37.4	3.9	32.7	6.9	592
Total	63.1	58.7	2.1	0.1	28.1	6.4	33.8	0.1	33.8	1.8	0.1	0.8	3.3	0.4	22.5	3.4	18.9	3.8	7,095
CURRENTLY MARRIED WOMEN																			
15-19	39.4	37.3	0.0	0.0	9.0	1.1	11.8	0.0	24.0	1.2	0.0	0.0	0.1	0.1	6.7	0.9	5.8	0.7	293
20-24	66.9	62.1	0.5	0.0	26.7	1.0	32.6	0.1	37.7	1.2	0.0	0.2	3.9	0.6	18.5	2.6	15.8	2.1	779
25-29	84.6	78.7	0.8	0.0	43.1	3.5	55.7	0.0	46.4	1.6	0.3	0.1	4.7	0.7	30.6	4.9	26.0	3.6	700
30-34	88.9	84.2	2.3	0.1	52.0	11.8	60.2	0.4	45.7	2.6	0.0	0.9	6.1	0.7	41.0	3.6	36.3	7.1	593
35-39	84.0	79.1	4.3	0.0	50.3	14.2	56.4	0.0	35.3	3.1	0.0	1.4	6.1	0.2	34.9	4.1	30.2	6.6	484
40-44	78.9	70.7	7.0	0.2	43.7	14.4	45.7	0.0	29.0	1.0	0.0	2.5	4.5	0.3	40.7	5.6	34.7	8.5	478
45-49	74.0	59.8	6.3	0.0	35.0	15.5	39.5	0.5	18.2	0.8	0.1	2.6	4.4	0.0	41.7	4.5	37.2	8.1	383
Total	76.1	69.9	2.7	0.1	38.6	8.1	45.3	0.1	36.1	1.7	0.1	1.0	4.5	0.4	30.8	3.8	26.7	5.1	3,709
SEXUALLY ACTIVE UNMARRIED WOMEN ¹																			
15-19	75.5	70.0	0.0	0.0	2.7	1.4	4.2	0.0	67.0	6.4	0.0	0.0	0.0	1.4	16.7	2.6	15.2	3.1	57
20-24	93.8	91.3	3.0	3.6	24.8	2.4	31.1	0.0	77.0	4.2	0.0	0.0	1.3	0.0	28.0	12.2	15.2	7.0	74
25-29	90.4	87.1	0.0	0.0	40.4	8.5	46.1	0.0	70.2	6.2	1.0	2.3	3.3	2.3	34.4	8.4	20.5	7.7	94
30-34	95.1	94.8	3.8	0.0	58.2	10.1	57.7	0.0	73.7	2.4	0.0	0.8	3.8	0.0	47.3	9.3	38.3	9.7	57
35-39	84.7	84.7	8.7	0.0	47.9	22.7	52.0	1.8	60.3	9.0	0.0	3.7	1.5	0.0	22.2	0.7	20.5	2.5	59
40-44	80.9	73.0	9.1	0.0	48.8	14.1	50.5	0.0	33.4	0.2	0.0	0.0	4.0	0.0	52.0	7.5	45.9	18.2	63
45-49	(76.3)	(76.3)	(2.8)	(0.0)	(31.3)	(26.8)	(50.0)	(0.0)	(36.0)	(0.0)	(1.1)	(2.2)	(8.0)	(0.0)	(31.2)	(0.0)	(25.2)	(8.2)	37
Total	86.3	83.3	3.7	0.6	36.6	11.0	41.4	0.2	61.9	4.4	0.3	1.3	2.8	0.7	33.3	6.5	25.2	8.1	441
Note: Numbers in parentheses are based on 25-49 cases. LAM = Lactational amenorrhoea method																			
¹ Women who had sexual intercourse in the month preceding the survey																			

¹ In the 2004 LDHS, men were only asked about ever use of male-oriented methods, so the data are not comparable.

Ever use of any method is highest among sexually active unmarried women (86 percent). Notably, 62 percent of sexually active unmarried women have used the male condom. A considerable proportion of sexually active unmarried women have used traditional methods at some time (33.3 percent) compared with currently married women (30.8 percent). The difference is more pronounced in the age category 15-19 years (10 percentage points).

Table 5.3.2 shows that 31 percent of currently married men have used a contraceptive method at some time, 25 percent have used a modern method, and 13 percent have used a traditional method. The method most commonly used by married men is the male condom, with 25 percent of men having used one. Like women, ever use of any method is highest among sexually active unmarried men, 38 percent of whom have used a method at some time. Thirty-five percent of sexually active unmarried men have used the male condom.

Table 5.3.2 Ever use of contraception: men									
Percentage of all men, of currently married men, and of sexually active unmarried men who have ever used any contraceptive method, by specific method and age, Lesotho 2004									
Age	Any method	Any modern method	Modern method			Any traditional method	Traditional method		Number of men
			Male sterilisation	Male condom	Female condom		Periodic abstinence	Withdrawal	
ALL MEN									
15-19	20.3	20.2	0.2	20.0	0.8	1.7	0.5	1.3	963
20-24	35.2	32.2	0.5	32.0	0.8	8.6	2.7	6.4	880
25-29	35.2	32.0	0.4	31.8	1.0	13.2	3.6	11.4	723
30-34	33.1	28.5	0.0	28.5	1.2	15.2	1.4	14.5	561
35-39	35.3	28.9	0.5	28.6	0.5	17.7	1.0	16.9	443
40-44	32.0	24.1	0.0	24.1	0.5	17.2	3.0	16.9	296
45-49	28.9	21.0	1.5	21.0	1.6	18.8	3.3	17.8	310
50-54	31.7	18.4	1.2	17.2	1.0	23.2	1.6	22.6	291
55-59	22.6	11.7	1.4	10.3	0.0	16.4	0.0	16.4	190
Total	30.5	26.0	0.5	25.7	0.9	12.0	2.0	11.0	4,656
CURRENTLY MARRIED MEN									
15-19	18.3	17.9	0.0	17.9	0.3	1.2	0.1	1.1	423
20-24	34.5	30.7	0.4	30.2	1.0	8.5	2.5	6.4	457
25-29	34.9	31.5	0.7	31.1	1.2	14.2	3.7	12.4	460
30-34	33.5	27.9	0.0	27.9	1.4	17.1	1.6	16.5	383
35-39	34.7	27.1	0.5	26.8	0.6	17.5	1.8	16.2	261
40-44	33.3	24.7	0.0	24.7	0.4	18.0	2.3	18.0	195
45-49	28.3	18.0	2.8	18.0	1.5	17.1	2.1	17.1	169
50-54	30.8	15.6	0.0	15.6	1.2	23.4	0.6	22.8	152
55-59	23.2	6.9	1.0	5.9	0.0	18.2	0.0	18.2	94
Total	30.7	25.0	0.5	24.7	0.9	13.0	1.9	12.0	2,593
SEXUALLY ACTIVE UNMARRIED MEN ¹									
15-19	38.0	37.3	1.1	36.5	1.5	5.2	1.3	3.9	187
20-24	37.7	37.0	0.0	37.0	2.9	9.7	2.7	8.0	230
25-29	39.1	37.4	0.0	37.4	1.6	10.3	2.5	9.9	138
30-34	37.2	31.1	0.0	31.1	1.3	13.3	2.0	13.3	73
35-39	(36.5)	(36.5)	(4.5)	(36.5)	(0.0)	(2.0)	(0.0)	(2.0)	36
40-44	(35.4)	(32.3)	(0.0)	(32.3)	(2.6)	(7.7)	(0.0)	(7.7)	30
45-49	35.4	25.4	0.0	25.4	0.0	21.8	0.0	21.8	21
50-54	37.8	12.8	0.0	12.8	0.0	25.0	0.0	25.0	16
55-59	27.9	20.8	0.0	20.8	0.0	25.3	0.0	25.3	6
Total	37.7	35.4	0.5	35.2	1.8	9.4	1.9	8.4	735
Note: Numbers in parentheses are based on 25-49 cases.									
¹ Men who had sexual intercourse in the month preceding the survey									

5.3 CURRENT USE OF CONTRACEPTIVE METHODS

The percentage of currently married women age 15-49 that are using any method of family planning is known as the contraceptive prevalence rate (CPR). As shown in Table 5.4, the CPR for Lesotho in 2004 is 37 percent. More than one-third of currently married women use modern methods (35 percent), and 2 percent use a traditional method. As expected, current contraceptive use is higher among sexually active unmarried women than among married women, with 48 percent of sexually active unmarried women reporting they are using contraception.

Injectables, the pill, and the male condom are the most commonly used contraceptive methods. They are currently used by 15, 11, and 5 percent of married women, respectively. Among sexually active unmarried women, male condoms (20 percent) are the most commonly used method followed by the injectables (12 percent).

Table 5.4 Current use of contraception: women														
Percent distribution of all women, of currently married women, and of sexually active unmarried women by contraceptive method currently used, according to age, Lesotho 2004														
Age	Modern method								Traditional method			Not currently using	Total	Number of women
	Any method	Any modern method	Female sterilisation	Pill	IUCD	Injectables	Male condom	Female condom	Any traditional method	Withdrawal	Local traditional method			
ALL WOMEN														
15-19	8.9	8.9	0.0	0.9	0.0	2.6	5.3	0.1	0.0	0.0	0.0	91.1	100.0	1,710
20-24	29.5	28.5	0.6	5.6	0.3	12.0	9.7	0.0	1.0	0.6	0.5	70.5	100.0	1,463
25-29	42.2	40.1	0.7	13.2	1.6	17.8	6.6	0.0	2.0	1.1	0.9	57.8	100.0	1,044
30-34	46.4	44.5	2.3	14.5	3.6	17.8	6.3	0.0	2.0	0.4	1.6	53.6	100.0	816
35-39	38.5	37.1	4.5	9.2	2.7	14.9	5.8	0.0	1.5	0.7	0.8	61.5	100.0	728
40-44	32.6	29.4	6.4	7.9	3.0	8.3	3.7	0.1	3.2	0.2	2.8	67.4	100.0	741
45-49	22.3	20.5	5.5	3.5	2.8	5.1	3.6	0.0	1.8	1.0	0.7	77.7	100.0	592
Total	29.0	27.6	2.1	7.0	1.5	10.6	6.3	0.0	1.4	0.5	0.9	71.0	100.0	7,095
CURRENTLY MARRIED WOMEN														
15-19	14.7	14.7	0.0	4.6	0.2	7.7	2.3	0.0	0.0	0.0	0.0	85.3	100.0	293
20-24	34.1	32.5	0.5	8.5	0.5	16.5	6.3	0.0	1.5	1.1	0.5	65.9	100.0	779
25-29	42.7	40.2	0.8	14.6	1.3	19.3	4.2	0.0	2.5	1.5	0.9	57.3	100.0	700
30-34	49.5	47.2	2.3	17.7	3.7	18.0	5.5	0.0	2.3	0.5	1.8	50.5	100.0	593
35-39	42.5	40.5	4.3	10.3	3.2	17.4	5.3	0.0	2.0	0.8	1.2	57.5	100.0	484
40-44	37.1	33.7	7.0	9.7	3.3	9.6	4.1	0.0	3.4	0.3	2.8	62.9	100.0	478
45-49	26.1	23.5	6.3	5.1	2.6	5.4	4.2	0.0	2.5	1.6	0.9	73.9	100.0	383
Total	37.3	35.2	2.7	10.9	2.1	14.7	4.8	0.0	2.1	0.9	1.2	62.7	100.0	3,709
SEXUALLY ACTIVE UNMARRIED WOMEN ¹														
15-19	37.8	37.8	0.0	1.4	0.0	3.5	31.3	1.7	0.0	0.0	0.0	62.2	100.0	57
20-24	52.6	51.6	3.0	3.4	1.3	16.1	27.9	0.0	1.1	0.0	1.1	47.4	100.0	74
25-29	63.3	60.1	0.0	18.2	6.3	13.8	21.8	0.0	3.2	0.0	3.2	36.7	100.0	94
30-34	56.9	56.9	3.8	10.8	0.8	21.8	19.7	0.0	0.0	0.0	0.0	43.1	100.0	57
35-39	50.0	49.8	8.7	9.4	0.7	12.4	18.5	0.0	0.3	0.0	0.3	50.0	100.0	59
40-44	34.7	29.3	9.1	4.7	1.2	6.7	7.6	0.0	5.4	0.0	5.4	65.3	100.0	63
45-49	(21.9)	(19.7)	(2.8)	(2.9)	(11.6)	(0.0)	(2.3)	(0.0)	(2.2)	(0.0)	(2.2)	(78.1)	100.0	37
Total	48.0	46.2	3.7	8.2	2.9	11.5	19.7	0.2	1.8	0.0	1.8	52.0	100.0	441
Note: Total includes 1 user of the diaphragm, 2 users of LAM, and 1 user of rhythm or periodic abstinence that are not shown in the table. If more than one method is used, only the most effective method is considered in this tabulation. Numbers in parentheses are based on 25-49 unweighted cases. LAM = Lactational amenorrhoea method ¹ Women who have had sexual intercourse in the month preceding the survey														

Use of any contraceptive method increases with age, from 15 percent among married women age 15-19, to a peak of 50 percent at age 30-34, and then declines to 26 percent at age 45-49. Use of the pill and injectables is most common among women in the prime childbearing years (age 20-39). As expected, use of female sterilisation increases with age. The LDHS results indicate that the majority of women (66 percent) who report use of female sterilisation were in their 30s when they adopted the method.

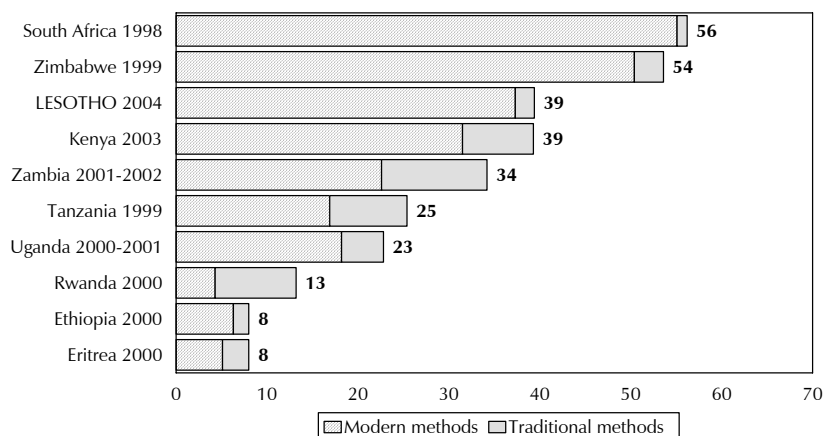
5.4 TRENDS IN CONTRACEPTIVE USE

Table 5.5 shows that the contraceptive prevalence rate for currently married women 15-49 from the 2004 LDHS (37 percent) is slightly lower than the rate estimated in the 2001 LDS for the same age group (41 percent). It is difficult to interpret this trend because the two surveys differed considerably in their approach to data collection related to contraceptive knowledge and use, as well as in the sample size. However, the comparison does support a conclusion that there has been relatively little change in contraceptive use between the two surveys.

Table 5.5 Trends in current contraceptive use		
Percent distribution of currently married women by contraceptive method currently used, Lesotho 2001 and 2004		
Contraceptive method	LDS 2001 ¹	LDHS 2004
Any method	40.6	37.3
Any modern method	36.1	35.2
Pill	11.5	10.9
IUCD	2.9	2.1
Injectables	14.7	14.7
Female sterilisation	0.3	2.7
Implant	0.1	0.0
Male condom	6.5	4.8
Diaphragm/foam/jelly	0.1	0.0
Any traditional method	4.5	2.1
Rhythm or periodic abstinence (calendar)	0.5	0.5
Withdrawal	0.4	0.9
Natural family planning	3.5	na
Local traditional method	na	1.2
Total	100.0	100.0
Number of respondents	9,459	3,709
na = Not applicable		
¹ Includes 8 married women age 12-14		

When compared with other countries in East and Southern Africa where DHS surveys have been conducted, Lesotho's level of contraceptive use is exceeded only by Zimbabwe and South Africa (Figure 5.1).

**Figure 5.1 Current Use of Family Planning among
Currently Married Women Age 15-49,
Selected Countries in East Africa and Southern Africa**



5.5 DIFFERENTIALS IN CONTRACEPTIVE USE BY BACKGROUND CHARACTERISTICS

As shown in Table 5.6, there are marked differences in the CPR by background characteristics in Lesotho. For example, the number of children a woman has is strongly related to the likelihood she is using contraception. The proportion of married women using modern methods reaches a peak at 3-4 children (43 percent) and then drops to 29 percent for those with five or more children.

Table 5.6 and Figure 5.2 show that currently married women in urban areas are more likely to use contraceptives (50 percent) than those in rural areas (34 percent). Considering ecological zones, married women in the Lowlands (46 percent) are more than twice as likely to use contraception as women in the Mountains (22 percent). Current contraceptive use also varies markedly by district; it is highest among married women in Mafeteng (49 percent) and lowest in Mokhotlong (15 percent). With the exception of Mafeteng, within all residential categories, injectables are typically the most widely used method followed by the pill.

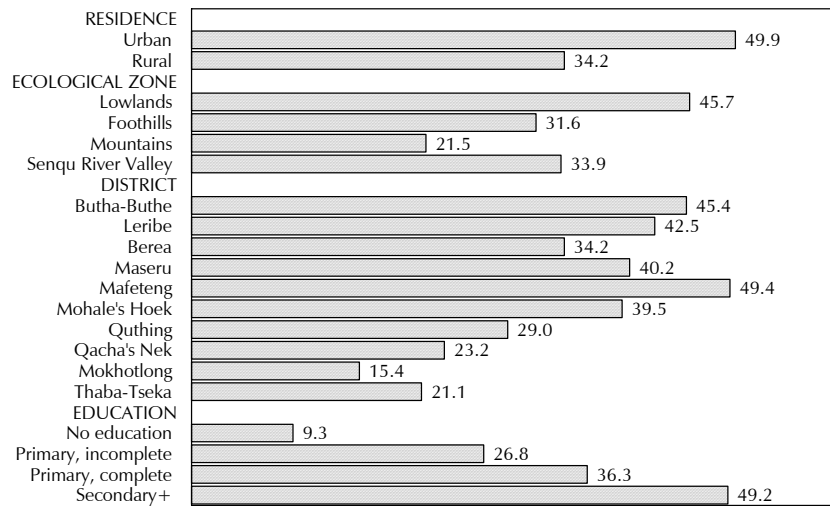
Contraceptive use increases with increasing level of education, from 9 percent among currently married women with no education to nearly half (49 percent) among currently married women with at least some secondary education.

Table 5.6 Current use of contraception by background characteristics: currently married women

Percent distribution of currently married women by contraceptive method currently used, according to background characteristics, Lesotho 2004

Background characteristic	Any method	Any modern method	Modern method					Any traditional method	Traditional method		Not currently using	Total	Number of women
			Female sterilisation	Pill	IUCD	Injectables	Male condom		Withdrawal	Local traditional method			
Residence													
Urban	49.9	48.7	2.7	13.3	4.4	17.9	10.0	1.2	0.1	1.1	50.1	100.0	738
Rural	34.2	31.8	2.7	10.3	1.5	13.8	3.5	2.3	1.1	1.2	65.8	100.0	2,970
Ecological zone													
Lowlands	45.7	44.0	2.7	14.0	2.9	18.0	6.3	1.7	0.5	1.1	54.3	100.0	2,132
Foothills	31.6	28.6	4.2	7.3	1.7	12.1	3.2	3.0	0.5	2.6	68.4	100.0	456
Mountains	21.5	19.1	1.8	6.1	0.5	8.3	2.4	2.5	1.8	0.6	78.5	100.0	929
Senqu River Valley	33.9	31.0	4.0	7.3	1.4	14.8	3.5	2.9	2.1	0.8	66.1	100.0	191
District													
Butha-Buthe	45.4	43.7	5.6	11.1	3.4	18.6	5.0	1.7	0.5	1.2	54.6	100.0	250
Leribe	42.5	39.4	2.5	11.5	3.3	16.2	5.9	3.0	1.0	2.0	57.5	100.0	579
Berea	34.2	32.1	3.4	8.4	3.2	12.3	4.8	2.0	0.8	1.3	65.8	100.0	419
Maseru	40.2	37.7	2.4	12.1	1.8	14.1	7.2	2.4	0.7	1.8	59.8	100.0	903
Mafeteng	49.4	48.5	2.6	20.5	1.5	19.6	4.3	0.9	0.1	0.8	50.6	100.0	414
Mohale's Hoek	39.5	37.0	2.3	10.6	2.5	19.1	2.6	2.5	1.4	0.6	60.5	100.0	349
Quthing	29.0	26.5	3.1	5.6	1.6	12.5	3.7	2.5	2.0	0.4	71.0	100.0	215
Qacha's Nek	23.2	21.8	2.3	6.4	0.2	10.7	2.1	1.4	0.7	0.7	76.8	100.0	119
Mokhotlong	15.4	14.3	1.5	2.9	0.1	6.9	2.9	1.2	1.2	0.0	84.6	100.0	203
Thaba-Tseka	21.1	19.4	2.3	6.4	0.5	8.6	1.6	1.7	1.7	0.0	78.9	100.0	257
Education													
No education	9.3	6.6	1.2	1.6	0.7	1.3	1.9	2.7	1.0	1.7	90.7	100.0	86
Primary, incomplete	26.8	23.5	2.0	6.6	1.0	11.4	2.5	3.3	1.5	1.7	73.2	100.0	1,154
Primary, complete	36.3	34.8	3.0	11.6	1.5	15.3	3.3	1.5	0.7	0.8	63.7	100.0	1,150
Secondary+	49.2	47.5	3.2	14.5	3.6	17.8	8.4	1.7	0.6	1.1	50.8	100.0	1,319
Number of living children													
0	6.6	6.6	0.0	1.7	0.0	3.8	1.1	0.0	0.0	0.0	93.4	100.0	386
1-2	41.0	39.4	0.6	13.7	1.6	17.4	5.9	1.7	0.9	0.8	59.0	100.0	1,740
3-4	45.9	42.8	5.5	11.9	3.9	16.1	5.5	3.1	1.0	1.9	54.1	100.0	969
5+	32.4	29.2	6.0	6.9	1.8	11.4	3.0	3.3	1.4	1.9	67.6	100.0	613
Wealth quintile													
Lowest	17.6	15.4	1.1	4.5	0.5	7.2	2.1	2.2	1.7	0.5	82.4	100.0	574
Second	26.2	23.7	1.8	7.4	0.8	11.7	1.9	2.5	1.2	1.3	73.8	100.0	709
Middle	37.6	34.5	2.9	10.0	1.4	15.6	4.7	3.0	1.2	1.6	62.4	100.0	648
Fourth	41.0	39.1	3.2	12.9	2.1	16.5	4.5	1.9	0.9	1.0	59.0	100.0	854
Highest	54.5	53.2	4.0	16.1	4.5	19.2	9.2	1.3	0.0	1.3	45.5	100.0	923
Total	37.3	35.2	2.7	10.9	2.1	14.7	4.8	2.1	0.9	1.2	62.7	100.0	3,709
Note: If more than one method is used, only the most effective method is considered in this tabulation. Total includes 1 user of the diaphragm, 2 users of lactational amenorrhoea method (LAM), and 1 user of rhythm or periodic abstinence that are not shown in the table.													

Figure 5.2 Current Use of Any Contraceptive Method among Currently Married Women Age 15-49, by Background Characteristics

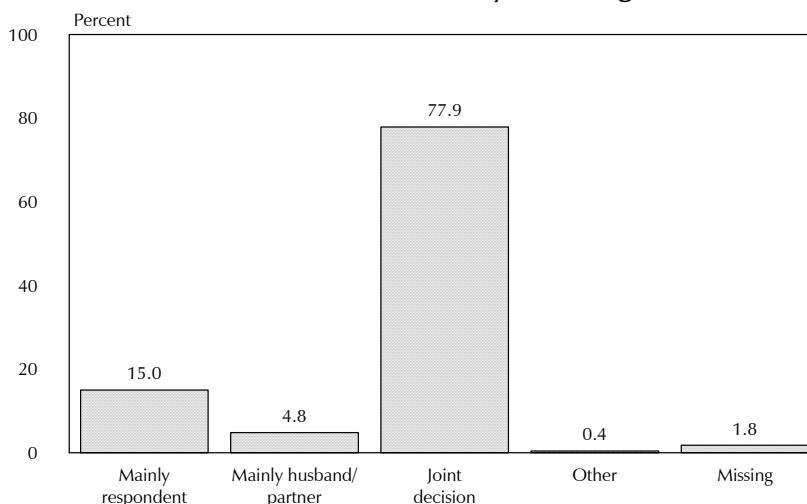


LDHS 2004

5.6 CURRENT USE OF CONTRACEPTIVES BY WOMEN'S STATUS

Most married women who are currently using contraceptives in Lesotho indicate that they participated in the decision to use family planning methods. Figure 5.3 shows that more than three-fourths of married current users say that they participated jointly with their spouse in the decision to use family planning (78 percent), 15 percent made the decision to use a method mainly on their own, and a minority (5 percent) said that their husband was mainly responsible for the decision to use a family planning method.

Figure 5.3 Percent Distribution of Currently Married Women Currently Using Contraception by Person Responsible for the Decision to Use Family Planning



LDHS 2004

The results in Table 5.7 suggest that the likelihood that a couple will use family planning is related to a woman's status in the household. For example, current use of contraception increases steadily with the number of decisions in which a married woman has a final say, from 21 percent among women with no say in any decision to 46 percent among women who participate in five decisions.

The relationship between current use and the other two women's status indicators shown in Table 5.7 is somewhat less marked. However, women who agree with three to four reasons for refusing to have sex with a husband are more likely to be using contraception than women who agree with only one to two reasons. Women who do not believe that there is any reason to justify wife beating are more likely to be currently using a modern contraceptive method than those who feel that wife beating is justified in some circumstances.

Table 5.7 Current use of contraception by women's status

Percent distribution of currently married women by contraceptive method currently used, according to selected indicators of women's status, Lesotho 2004

Women's status indicators	Any method	Any modern method	Modern method					Any traditional method	Traditional method		Not currently using	Total	Number of women
			Female sterilisation	Pill	IUCD	Injectables	Male condom		Withdrawal	Local traditional method			
Number of decisions in which woman has final say ¹													
0	20.5	19.8	0.2	6.8	0.0	10.2	2.5	0.7	0.3	0.4	79.5	100.0	244
1-2	28.2	25.7	2.3	5.5	1.1	13.2	3.5	2.6	1.0	1.6	71.8	100.0	888
3-4	39.3	36.8	3.1	12.6	2.7	14.6	3.8	2.5	1.0	1.4	60.7	100.0	1,555
5	46.2	44.6	3.2	13.8	2.4	17.0	8.1	1.5	0.8	0.6	53.8	100.0	1,022
Number of reasons to refuse sex with husband													
0	37.1	33.7	2.9	10.6	0.0	14.5	5.7	3.3	2.7	0.6	62.9	100.0	196
1-2	33.3	30.9	1.6	12.4	1.4	11.3	4.2	2.3	0.9	1.4	66.7	100.0	596
3-4	38.1	36.2	3.0	10.5	2.4	15.3	4.9	2.0	0.8	1.2	61.9	100.0	2,916
Number of reasons wife-beating is justified													
0	42.1	40.5	3.4	11.2	2.6	16.7	6.6	1.6	0.5	1.0	57.9	100.0	1,894
1-2	33.3	31.1	2.0	11.5	1.7	12.4	3.5	2.2	1.2	1.0	66.7	100.0	859
3-4	30.5	27.7	2.5	8.1	1.8	13.1	1.9	2.8	1.4	1.5	69.5	100.0	696
5+	33.9	30.3	0.9	13.7	0.1	11.7	3.9	3.6	1.5	2.1	66.1	100.0	259
Total	37.3	35.2	2.7	10.9	2.1	14.7	4.8	2.1	0.9	1.2	62.7	100.0	3,709

Note: If more than one method is used, only the most effective method is considered in this tabulation. Total includes 1 user of the diaphragm, 2 users of lactational amenorrhoea method (LAM), and 1 user of rhythm or periodic abstinence that are not shown in the table.

¹ Either by herself or jointly with others

5.7 TIMING OF FIRST USE OF CONTRACEPTION

Table 5.8 shows the distribution of women who have ever used contraception by age and number of living children at first use of contraception. The results indicate that women in Lesotho are adopting family planning methods at lower parities (i.e., when they have fewer children). Among younger women (age 20-24), 41 percent first used contraception before having any children and 50 percent used contraception by parity 1. Among older women (age 45-49), only 2 percent used contraception before having any children and 31 percent used contraception by parity 1.

Table 5.8 Number of children at first use of contraception

Percent distribution of women who have ever used contraception by number of living children at the time of first use of contraception, according to age, Lesotho 2004

Age	Number of living children at time of first use of contraception						Total	Number of women
	0	1	2	3	4+	Missing		
15-19	75.6	22.3	0.2	0.0	0.0	2.0	100.0	380
20-24	41.3	49.9	7.1	0.7	0.3	0.8	100.0	911
25-29	18.1	58.1	17.3	4.7	1.3	0.5	100.0	864
30-34	7.9	53.4	25.1	9.0	4.6	0.1	100.0	715
35-39	4.1	42.3	28.1	14.7	10.4	0.5	100.0	610
40-44	3.5	29.2	28.4	18.1	20.5	0.2	100.0	569
45-49	1.9	30.9	18.7	18.6	28.9	1.0	100.0	428
Total	20.7	44.2	18.0	8.6	7.8	0.6	100.0	4,476

5.8 KNOWLEDGE OF THE FERTILE PERIOD

An elementary knowledge of reproductive physiology provides a useful background for successful practice of coitus-related methods, such as the calendar method, the Billings method, and other methods collectively called “periodic abstinence.” The successful use of such methods depends in part on an understanding of when, during the ovulatory cycle, a woman is most likely to conceive. Women and men were asked, “From one menstrual period to the next, are there certain days when a woman is more likely to get pregnant if she has sexual relations?” If the answer was “yes,” they were further asked whether that time was just before the woman’s period begins, during her period, right after her period has ended, or halfway between two periods.

Table 5.9 Knowledge of the fertile period

Percent distribution of women by knowledge of the fertile period during the ovulatory cycle, according to current use/non use of Rhythm or periodic abstinence, Lesotho 2004

Perceived fertile period	Nonusers of rhythm or periodic abstinence	All women	All men
Just before her period begins	10.3	10.3	7.7
During her period	2.3	2.3	2.2
Right after her period has ended	19.4	19.4	13.1
Halfway between two periods	16.2	16.1	10.8
Other	0.3	0.3	0.1
No specific time	13.3	13.3	14.2
Don't know	38.3	38.3	51.8
Missing	0.0	0.0	0.1
Total	100.0	100.0	100.0
Number of respondents	7,094	7,095	2,797

Table 5.9 shows that comparatively few women and men (16 and 11 percent, respectively) understand that a woman is most likely to conceive halfway between her menstrual periods. About 30 percent of women and 21 percent of men wrongly believe that the fertile period is right before or after a woman’s period has ended. More than half of women say they do not know when the fertile period falls (38 percent) or believe that there is no specific fertile time (13 percent). Men are even more likely than women to say that they do not know when a woman is most likely to conceive (52 percent) or to report that there is no specific fertile period (14 percent).

5.9 SOURCE OF CONTRACEPTION

Information on where women obtain their contraceptives is useful for family planning programme managers and implementers for logistic planning. In the 2004 LDHS, women who reported using a modern contraceptive method at the time of the survey were asked where they obtained the method the last time they acquired it. Because some women may not exactly know in which category the source they use falls (e.g., government hospital, mission health centre), interviewers were instructed to note the full name of the source or facility. Supervisors and field editors were instructed to verify that the name and source type were consistent, asking informants in the clusters for the names of local family planning outlets, if necessary.

Table 5.10 shows that public (government) facilities provide contraceptives to 57 percent of users, while 12 percent are supplied through CHAL, 19 percent through the private medical sector, and 10 percent through other private sources (e.g., shops). Most users obtain methods at fixed sites; less than 2 percent say they got their method through community-based distribution or a community health worker.

Table 5.10. Source of contraception							
Percent distribution of current users of modern contraceptive methods by most recent source of method, according to specific method, Lesotho 2004							
Source	Pill	IUCD	Inject-ables	Male condom	Female condom	Dia-phragm	Total
Public sector	62.5	50.7	62.2	41.9	51.2	0.0	56.6
Government hospital	19.4	28.7	19.6	20.8	0.0	0.0	20.4
Government health centre	31.3	14.4	33.8	15.1	51.2	0.0	27.3
Family planning clinic	11.6	7.6	8.8	5.9	0.0	0.0	8.8
Other public	*	*	*	*	*	*	0.1
CHAL	11.2	17.6	14.0	7.1	0.0	0.0	11.7
CHAL hospital	(2.2)	(9.2)	(2.2)	(2.3)	(0.0)	(0.0)	2.7
CHAL health centre	9.0	8.4	11.8	4.8	0.0	0.0	9.1
Private medical sector	21.4	31.7	19.2	10.6	48.8	100.0	18.5
Private hospital or clinic	6.3	12.6	8.5	2.2	0.0	100.0	6.6
Pharmacy	*	*	*	*	*	*	1.6
Private doctor	(1.1)	(12.5)	(1.9)	(0.0)	(0.0)	(0.0)	1.9
Private hospital in South Africa	8.0	6.1	7.0	1.4	48.8	0.0	5.9
Other private medical	*	*	*	*	*	*	0.7
Community-based services	*	*	*	*	*	*	
CBD	*	*	*	*	*	*	0.2
Community health worker	*	*	*	*	*	*	1.0
Support groups	*	*	*	*	*	*	0.7
Other source	1.5	0.0	0.5	38.0	0.0	0.0	10.0
Shop	0.4	0.0	0.0	25.6	0.0	0.0	6.4
Peer educators	*	*	*	*	*	*	0.8
Friends or relatives	(0.4)	(0.0)	(0.0)	(10.6)	(0.0)	(0.0)	2.7
Other	(2.9)	(0.0)	(3.7)	(2.0)	(0.0)	(0.0)	2.8
Missing	0.5	0.0	0.4	0.4	0.0	0.0	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	499	109	752	444	2	0	1,807
Note: Table excludes lactational amenorrhoea method (LAM). An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Numbers in parentheses are based on 25-49 unweighted cases.							

The most common source of contraceptive methods in Lesotho is government health centres, which supply more than one-fourth of users of modern methods. Government hospitals supply about one-fifth of users. Somewhat surprisingly, government sources supply a larger proportion of users of pills and injectables than users of long-term methods like the IUCD. Public sector providers are the most common source for the male condom, followed by other sources such as shops, and friends or relatives (42, 26, and 11 percent, respectively).

5.10 INFORMED CHOICE

Current users of modern methods who are well informed about the side effects and problems associated with methods and know of a range of method options are better placed to make an informed choice about the method they would like to use. Current users of various modern contraceptive methods were asked whether at the time they were adopting the particular method, they were informed about side effects or problems that they might have with the method. Table 5.11 shows the percentage of current users of modern methods who were either informed about side effects or problems of the method used, informed of other methods they could use, and informed that sterilisation is a permanent method. These percentages are broken down by method type, initial source, and various background characteristics.

Table 5.11 Informed choice

Among current users of modern contraceptive methods who adopted the current method in the five years preceding the survey, percentage who were ever informed about the side effects of the method used, percentage who were informed what to do if side effects were experienced, percentage who were informed of other methods that could be used for contraception, and percentage of women who were sterilised in the five years preceding the survey who were informed that they would not be able to have any more children, by specific method, initial source of method, and background characteristics, Lesotho 2004

Method/source/ background characteristic	Ever informed about side effects or problems of method used ¹	Informed what to do if experienced side effects	Informed of other methods that could be used ²	Informed that sterilisa- tion is permanent ³
Method				
Female sterilisation	0.0	0.0	0.0	74.5
Pill	33.6	29.2	50.5	na
IUCD	45.7	43.0	66.9	na
Injectables	36.1	30.5	44.8	na
Initial source of method⁴				
Public sector	33.9	28.8	46.4	76.8
Government hospital	33.7	31.2	43.4	81.4
Government health centre	33.0	25.5	47.5	80.6
Family planning clinic	36.8	34.1	48.5	30.7
Other public	*	100.0	100.0	*
CHAL	43.1	39.2	56.4	76.8
CHAL hospital	46.0	43.5	66.0	100.0
CHAL health centre	42.3	38.1	53.8	72.4
Private medical sector	40.7	35.3	53.5	45.8
Private hospital or clinic	36.5	29.9	42.9	22.8
Pharmacy	56.4	44.3	62.0	100.0
Private doctor	33.1	23.9	76.1	100.0
Private hospital in South Africa	50.1	47.8	62.6	33.5
Other private medical	20.9	13.2	23.1	*
Community-based services	*	*	*	*
CBD	*	*	*	*
Community health worker	*	*	*	*
Support groups	*	*	*	*
Other source	*	*	*	*
Shop	*	*	*	*
Peer educators	*	*	*	*
Friends relatives	*	*	*	*
Other	*	*	*	*
Residence				
Urban	41.7	35.0	51.2	78.7
Rural	33.7	29.5	47.6	72.7
Ecological zone				
Lowlands	36.7	32.0	48.5	71.5
Foothills	31.6	25.1	45.9	71.7
Mountains	34.8	28.9	46.9	94.7
Senqu River Valley	36.5	33.4	60.8	66.2
District				
Butha-Buthe	44.9	40.4	52.1	59.6
Leribe	36.4	27.9	49.8	64.9
Berea	30.4	25.5	46.7	83.1
Maseru	36.2	29.4	47.7	73.7
Mafeteng	36.7	35.4	44.2	66.3
Mohale's Hoek	38.5	37.2	52.3	93.6
Quthing	32.2	30.1	60.2	63.4
Qacha's Nek	26.5	21.6	31.0	92.1
Mokhotlong	24.6	23.3	68.3	97.3
Thaba-Tseka	34.6	25.7	44.6	97.9
Education				
No education	0.0	0.0	9.6	100.0
Primary, incomplete	24.4	18.7	40.5	77.8
Primary, complete	36.9	31.7	50.0	69.1
Secondary+	41.2	36.8	51.9	75.7
Wealth quintile				
Lowest	28.3	23.8	42.2	75.0
Second	27.3	23.1	39.1	66.4
Middle	40.0	35.6	53.3	75.8
Fourth	35.0	28.9	43.8	61.2
Highest	39.8	35.0	54.8	84.2
Total	36.0	31.0	48.6	74.5

Note: An asterisk indicates that a number is based on fewer than 25 unweighted cases and has been suppressed.

na = Not applicable

¹ Among users of female sterilisation, pill, IUCD, injectables, and implants

² Among users of female sterilisation, pill, IUCD, injectables, implants, female condom, diaphragm, foam or jelly, and lactational amenorrhoea method (LAM)

³ Sterilised women who were told that they would not be able to have any more children

⁴ Source at start of current episode of use

Table 5.11 shows that less than half of users of modern contraceptive methods were informed of other methods available (49 percent) and only around one-third (36 percent) were informed about the side effects or health problems of the method they were provided. The results indicate that the IUCD users are more likely than other users to be informed both about other methods (67 percent) and about side effects or problems (46 percent). Among female sterilisation users, three in four were advised that the method was permanent.

With regard to the source of supply, users who obtained their methods from CHAL or private medical providers were slightly more likely to be informed about other methods that could be used and about the side effects associated with the method they adopted than users who obtained their method from a government provider. People living in urban areas are more informed about the side effects or problems associated with the methods used than people living in rural areas.

5.11 FUTURE USE OF CONTRACEPTION

An important indicator of the changing demand for family planning is the extent to which non-users of contraception plan to use family planning in the future. Women who were not currently using a method of contraception were asked about their intention to use family planning in the future. The results are presented in Table 5.12.

Table 5.12 Future use of contraception						
Percent distribution of currently married women who are not using a contraceptive method by intention to use in the future, according to number of living children, Lesotho 2004						
Intention	Number of living children ¹					Total
	0	1	2	3	4+	
Intends to use	57.3	66.5	64.0	61.8	45.8	58.5
Unsure	8.6	6.4	4.1	2.1	5.1	5.2
Does not intend to use	34.1	26.5	31.2	35.4	48.3	35.7
Missing	0.0	0.6	0.7	0.7	0.8	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	242	632	455	337	659	2,325

¹ Includes current pregnancy

Fifty-nine percent of currently married nonusers say that they intend to use family planning in the future, 36 percent do not intend to use, and 5 percent are unsure. Those who do not intend to use contraception in the future are concentrated among those with three children (35 percent) and those with four or more children (48 percent).

5.12 REASONS FOR NOT INTENDING TO USE

Table 5.13 presents the main reasons for not using contraception as reported by currently married nonusers who do not intend to use a contraceptive method in future. More than one-third of the women in this group (38 percent) cited fertility-related reasons for not using—mainly low risk of pregnancy or the desire for as many children as possible. A similar proportion (37 percent) expressed method-related concerns, largely health issues or fear of side effects. Nearly one-fifth of the women reported they themselves (14 percent) or their husband/partner (5 percent) were opposed to the use of contraception.

Table 5.13 Reason for not intending to use contraception

Percent distribution of currently married women who are not using a contraceptive method and who do not intend to use in the future by main reason for not intending to use, according to age, Lesotho 2004

Reason	Age		Total
	15-29	30-49	
Fertility-related reasons	25.9	42.7	37.8
Infrequent sex/no sex	2.4	4.7	4.0
Menopausal/had hysterectomy	0.0	15.0	10.6
Subfecund/infecund	2.1	10.3	7.9
Wants as many children as possible	21.4	12.7	15.2
Opposition to use	27.4	17.7	20.5
Respondent opposed	18.5	12.5	14.3
Husband/partner opposed	8.9	4.0	5.4
Others opposed	0.0	0.2	0.1
Religious prohibition	0.0	1.0	0.7
Lack of knowledge	2.8	1.2	1.6
Knows no method	2.6	0.9	1.4
Knows no source	0.1	0.3	0.2
Method-related reasons	38.4	35.7	36.5
Health concerns	8.2	7.9	8.0
Fear of side effects	22.7	23.2	23.1
Lack of access/too far	0.1	0.1	0.1
Costs too much	1.7	0.6	0.9
Inconvenient to use	2.6	1.4	1.7
Interfere with body's normal processes	3.0	2.5	2.6
Other	2.3	2.7	2.5
Don't know	2.5	0.0	0.8
Missing	0.8	0.0	0.2
Total	100.0	100.0	100.0
Number of women	243	587	830

The reasons given for not using contraceptives vary with the woman's age. Among women under age 30, method-related reasons (38 percent) are cited most often followed by opposition to use (27 percent). Among nonusers 30 years and above, fertility-related reasons (43 percent) are predominant followed by method-related reasons (36 percent).

5.13 PREFERRED METHOD FOR FUTURE USE

Demand for specific methods can be assessed by asking nonusers which method they intend to use in the future. Table 5.14 presents information on method preferences for married women who are not currently using contraception but say they intend to use in the future. The largest percentage of prospective users reported injectables as their preferred method (53 percent), with 25 percent citing pills, and 6 percent favouring the male condom. Method preference among women under 30 and those over 30 years is similar, except that older women are more likely than younger women to prefer female sterilisation and the IUCD.

Table 5.14 Preferred method of contraception for future use

Percent distribution of currently married women who are not using a contraceptive method but who intend to use in the future by preferred method, according to age, Lesotho 2004

Method	Age		Total
	15-29	30-49	
Female sterilization	1.3	5.5	2.9
Male sterilization	0.0	0.5	0.2
Pill	28.0	21.0	25.4
IUCD	2.3	6.2	3.8
Injectables	55.9	48.8	53.2
Implants	0.9	2.1	1.4
Condom	6.0	6.0	6.0
Female condom	0.2	1.7	0.7
Withdrawal	0.4	0.8	0.6
Unsure	3.6	4.9	4.1
Total	98.6	97.6	98.2
Number of women	844	516	1,360

5.14 EXPOSURE TO FAMILY PLANNING MESSAGES

Information on the level of public exposure to a particular type of media allows policymakers to identify the most effective media for various target groups in the population. To assess the media dissemination of family planning information, the 2004 LDHS asked all female and male respondents whether they had heard about family planning on the radio or television, or read about family planning in a newspaper or magazine in the few months preceding the interview.

Table 5.15 shows that one in three women and a similar percentage of men were exposed to a family planning message through broadcast or print media. Radio was the primary source of family planning information, with one in three women and men who had received any family planning information saying they had heard a radio message. Information about family planning broadcast on television reached more than 9 percent of women and 10 percent of men. Men were more likely to have read about family planning in a newspaper or magazine than women (14 and 11 percent, respectively).

There is a sharp contrast in exposure to family planning messages between urban and rural areas. Twenty percent of urban women and men are exposed to messages through television, compared with 6 percent of the women and 8 percent of the men in rural areas. Exposure to family planning messages through the radio varies markedly by ecological zone, from 18 percent of women and 25 percent of men in the Mountains zone to nearly 40 percent of both women and men in the Lowlands. Among women and men, exposure to family planning messages through the three sources of media is highest in Maseru, and lowest in Quthing, where only 15 and 18 percent, respectively, have recently been exposed to family planning messages.

The percentages of both women and men who have seen or heard a family planning message rises with the level of education. As expected, the effect of education is greatest with respect to the proportions reading about family planning in a newspaper or magazine, both women and men with a secondary or higher education are more than five times as likely as those with no education to have seen a message in a newspaper or magazine.

Table 5.15 Exposure to family planning messages

Percentage of women who heard or saw a family planning message on the radio or television, or in a newspaper/magazine in the past few months, according to background characteristics, Lesotho 2004

Background characteristic	Women					Men				
	Radio	Television	Newspaper/ magazine	None of these three media sources	Number of women	Radio	Television	Newspaper/ magazine	None of these three media sources	Number of men
Age										
15-19	20.4	8.0	9.9	77.4	1,710	19.3	7.7	9.5	77.8	743
20-24	30.3	8.6	11.6	68.2	1,463	27.2	7.3	12.8	70.2	507
25-29	35.5	10.6	12.3	62.3	1,044	39.3	12.3	17.8	58.7	374
30-34	39.3	10.0	13.5	59.2	816	39.0	9.2	12.8	59.7	305
35-39	39.1	10.3	10.9	59.3	728	42.2	13.4	19.0	56.6	233
40-44	37.6	9.4	8.5	61.3	741	48.5	9.8	13.7	48.6	164
45-49	37.3	10.2	12.6	62.2	592	48.4	23.1	20.4	49.2	170
50-54	na	na	na	na	na	46.1	15.5	17.4	53.9	164
55-59	na	na	na	na	na	47.1	8.4	15.6	52.9	137
Residence										
Urban	49.9	19.9	19.8	47.3	1,682	48.7	19.7	23.9	48.3	603
Rural	26.4	6.0	8.6	72.3	5,413	29.8	7.9	11.3	68.4	2,194
Ecological zone										
Lowlands	39.5	12.7	14.7	58.3	4,299	38.9	13.6	17.2	58.6	1,734
Foothills	27.0	6.9	8.2	72.2	787	29.8	9.0	14.1	68.3	307
Mountains	18.1	3.0	5.2	81.0	1,572	24.5	3.9	7.0	74.4	585
Senqu River Valley	16.2	2.6	4.4	82.3	437	22.5	3.4	5.7	76.3	171
District										
Butha-Buthe	33.9	6.5	12.5	63.5	458	43.7	16.6	23.0	52.6	182
Leribe	29.7	3.8	6.9	68.8	1,065	34.9	6.3	9.5	62.9	393
Berea	30.0	8.6	8.8	69.4	776	28.1	9.0	10.2	71.1	353
Maseru	47.2	21.4	21.1	50.7	1,868	43.9	18.5	23.6	53.4	740
Mafeteng	31.5	7.5	10.0	66.0	755	20.2	8.8	9.1	77.8	296
Mohale's Hoek	27.9	4.1	7.7	70.1	684	38.4	7.1	12.1	59.2	281
Quthing	13.2	1.9	4.4	85.5	461	16.8	2.2	3.8	82.1	167
Qacha's Nek	19.2	5.9	7.0	80.3	233	16.9	5.5	7.3	81.3	102
Mokhotlong	22.1	2.1	4.0	76.4	360	38.3	4.0	11.2	60.5	128
Thaba-Tseka	15.6	2.4	5.3	83.6	435	28.7	5.2	8.9	69.8	156
Education										
No education	14.7	4.6	3.1	85.3	145	22.4	4.4	4.8	76.8	479
Primary, incomplete	22.4	5.4	6.2	77.0	2,136	27.4	7.0	7.8	71.3	1,194
Primary, complete	29.7	6.3	7.6	69.3	1,960	32.2	8.1	12.0	65.9	352
Secondary+	41.6	14.5	17.8	55.4	2,854	51.7	20.6	30.3	44.1	773
Wealth quintile										
Lowest	11.2	3.0	4.4	88.2	987	17.4	2.6	3.4	82.1	371
Second	19.2	4.1	5.5	80.2	1,294	28.8	5.2	9.4	70.5	544
Middle	26.1	4.4	6.7	72.7	1,258	33.0	7.3	12.8	64.2	564
Fourth	38.6	7.5	12.3	59.5	1,595	34.7	9.6	13.8	62.6	625
Highest	49.2	20.6	20.4	47.7	1,962	46.7	22.1	24.7	50.5	692
Total	32.0	9.3	11.2	66.4	7,095	33.9	10.4	14.0	64.0	2,797
na = Not applicable										

5.15 CONTACT OF NONUSERS WITH FAMILY PLANNING PROVIDERS

In the 2004 LDHS, women who were not using any family planning method were asked whether they had been visited by a fieldworker who talked with them about family planning in the 12 months preceding the survey. This information is especially useful for determining whether nonusers of family planning are being reached by family planning programmes throughout Lesotho. Table 5.16 shows that just 10 percent of nonusers had discussed family planning at a health facility (6 percent) or been contacted by a fieldworker about family planning (4 percent) in the 12 months before the survey.

Table 5.16 Contact of nonusers with family planning providers

Percentage of women who are not using contraception who were visited by a fieldworker who discussed family planning, who visited a health facility and discussed family planning, and who visited a health facility but did not discuss family planning, in the 12 months preceding the survey, by background characteristics, Lesotho 2004

Background characteristic	Women visited by fieldworker who discussed family planning	Women visited health facility and discussed family planning	Women visited health facility but did not discuss family planning	Did not discuss family planning with fieldworker or at a health facility	Number of women
Age					
15-19	2.3	1.9	14.8	95.8	1,558
20-24	3.7	5.2	24.8	92.1	1,031
25-29	3.3	10.2	22.3	87.6	604
30-34	5.2	12.9	21.0	83.8	437
35-39	6.2	9.5	26.1	86.5	448
40-44	4.8	4.4	24.4	91.9	500
45-49	3.9	6.5	20.5	91.1	460
Residence					
Urban	5.6	4.1	17.8	90.7	1,023
Rural	3.2	6.3	21.5	91.5	4,014
Ecological zone					
Lowlands	4.0	5.9	20.8	91.0	2,827
Foothills	3.3	5.4	16.7	92.2	606
Mountains	3.6	5.8	21.8	91.8	1,285
Senqu River Valley	2.3	7.0	24.2	91.7	320
District					
Butha-Buthe	3.8	3.6	15.0	93.3	315
Leribe	2.2	7.4	21.5	90.9	745
Berea	4.7	6.0	17.5	90.1	579
Maseru	5.2	4.3	16.6	91.5	1,249
Mafeteng	2.7	7.6	29.5	90.7	473
Mohale's Hoek	3.6	7.0	27.0	90.7	474
Quthing	1.3	6.4	21.6	93.0	350
Qacha's Nek	2.9	6.0	11.8	92.1	176
Mokhotlong	3.9	3.7	30.9	93.3	316
Thaba-Tseka	3.6	7.7	19.4	90.4	360
Education					
No education	4.0	4.4	14.8	92.2	132
Primary, incomplete	2.7	5.2	18.5	93.0	1,702
Primary, complete	3.0	5.3	21.5	92.5	1,387
Secondary+	5.1	7.1	22.8	89.0	1,816
Wealth quintile					
Lowest	2.4	6.1	18.4	92.4	838
Second	4.2	5.6	19.1	91.1	1,031
Middle	2.6	6.1	21.9	92.7	925
Fourth	4.2	6.5	22.3	90.4	1,080
Highest	4.5	5.3	21.7	90.8	1,163
Total	3.7	5.9	20.8	91.4	5,037

5.16 DISCUSSION OF FAMILY PLANNING

The use of family planning is facilitated when individuals discuss the issue with others and air their views. To assess the extent to which family planning is discussed, the 2004 LDHS asked women and men about any conversations they may have had about family planning with friends or relatives in the three months preceding the survey. Table 5.17 shows that the majority of women who know about contraception talked about family planning with their husband (partner) in the 12 months preceding the survey, 31 percent discussed it 1 or 2 times, and 39 percent discussed the issue 3 or more times.

Conversations about family planning with other relatives or with friends or neighbours are also relatively common. Thirty percent of married women report discussing family planning with a relative (other than the husband) or a friend or neighbour in the three months preceding the survey.

Table 5.17 Discussion of family planning with husband							
Percent distribution of currently married women who know a contraceptive method by the number of times they discussed family planning with their husband in the past year, according to Age, Lesotho 2004							
Age	Number of times family planning discussed with husband in the past 12 months				Total	Percentage discussed family planning with friends, neighbours or relatives in the past 3 months	Number of women
	Never	One or two	Three or more	Missing			
15-19	45.8	32.1	22.2	0.0	100.0	19.4	278
20-24	26.0	31.7	41.0	1.4	100.0	28.6	761
25-29	19.3	35.3	44.5	0.9	100.0	36.1	695
30-34	25.0	28.8	45.2	1.0	100.0	36.4	589
35-39	25.4	30.9	42.6	1.0	100.0	31.8	476
40-44	34.8	30.6	34.5	0.2	100.0	26.6	470
45-49	50.6	25.6	23.6	0.2	100.0	23.3	376
Total	29.7	31.1	38.5	0.8	100.0	30.2	3,646

Men are less likely to report discussing family planning. Table 5.18 shows that only one-fifth of married men who know about contraception have talked about family planning with any friend, neighbour or relative in the past three months.

Table 5.18 Discussion of family planning: currently married men

Among currently married men who know a contraceptive method, percentage who discussed family planning with friends, neighbours, or relatives in the 3 months preceding the survey according to the person with whom discussions were held and the percentage who discussed family planning with a health worker or health professional, according to age, Lesotho 2004

Age	Discussion with friends, neighbours or relatives					Percentage discussed family planning with health worker or health professional	Number of men
	Any friend, neighbour, or relative	Wife / partner	Other male relative ¹	Other female relative ²	Other relative/unrelated individual		
15-19	*	*	*	*	*	*	2
20-24	17.2	1.7	0.0	1.9	13.6	2.5	101
25-29	21.9	7.9	1.6	2.4	10.0	3.8	199
30-34	22.1	8.6	1.5	2.1	9.9	5.3	210
35-39	21.0	7.1	1.8	1.0	11.1	3.9	178
40-44	26.7	5.3	2.3	0.6	18.5	5.4	123
45-49	19.0	4.3	0.8	0.7	13.2	6.8	125
50-54	14.1	4.5	0.8	0.0	8.8	9.1	123
55-59	11.7	1.9	2.8	0.0	7.0	3.8	109
Total	19.8	5.8	1.5	1.2	11.3	5.0	1,170

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Includes father, father-in-law, son, and brother

² Includes mother, mother-in-law, daughter, and sister

5.17 ATTITUDES OF RESPONDENTS TOWARDS FAMILY PLANNING

Use of effective contraceptive methods is facilitated when couples have a positive attitude towards family planning. Widespread disapproval of contraception use can act as a barrier to the adoption of family planning methods. Attitudinal data were collected by asking women whether they approved of couples using family planning and what they perceived as their husband's attitude towards family planning. Men were also asked whether they approved of family planning.

The results presented in Table 5.19 are confined to currently married women and exclude those who have never heard of a contraceptive method. Eighty percent of these women approve of family planning. The small number of women who never attended school are the least likely to approve of family planning use. Other groups in which approval levels are comparatively low include women age 45-59, women living in the Mountains zone, and women living in Qacha's Nek, Thaba-Tseka, and Mokhotlong districts.

Table 5.19 Attitudes towards family planning: currently married women

Percent distribution of currently married women who know of a method of family planning, by approval of family planning and their perception of their husband's attitude towards family planning, according to background characteristics, Lesotho 2004

Background characteristic	Respondent approves of family planning			Respondent disapproves of family planning			Total	Number of respondents
	Husband approves	Husband disapproves	Husband's attitude unknown/missing	Husband approves	Husband disapproves	Husband's attitude unknown/missing		
Age								
15-19	47.5	11.9	14.7	0.4	16.1	6.0	96.6	278
20-24	54.7	15.7	9.3	3.1	12.1	3.4	98.3	761
25-29	62.7	18.0	6.4	1.8	5.9	3.5	98.4	695
30-34	62.7	15.6	8.4	2.3	6.8	2.7	98.5	589
35-39	56.1	17.2	8.8	4.6	8.6	1.9	97.3	476
40-44	49.4	16.8	8.4	2.8	14.7	6.9	99.1	470
45-49	38.0	18.2	12.4	4.2	19.7	6.4	99.0	376
Residence								
Urban	68.1	11.3	9.1	2.9	4.9	3.1	99.3	735
Rural	51.4	17.7	9.2	2.8	12.6	4.3	98.0	2,910
Ecological zone								
Lowlands	64.1	13.7	9.0	2.6	6.3	3.1	98.8	2,117
Foothills	46.5	22.3	8.7	4.3	13.4	2.0	97.2	447
Mountains	37.0	20.0	8.6	3.1	21.1	7.5	97.3	891
Senqu River Valley	52.9	16.4	14.4	0.1	11.4	3.6	98.9	191
District								
Butha-Buthe	56.6	18.1	5.7	3.5	12.2	2.0	98.1	247
Leribe	59.9	18.1	6.9	3.0	8.3	2.6	98.8	572
Berea	52.4	19.5	10.7	3.2	10.0	2.6	98.4	418
Maseru	63.2	13.5	8.9	3.0	6.6	3.0	98.3	887
Mafeteng	66.0	10.1	11.3	1.5	6.3	4.0	99.3	407
Mohale's Hoek	47.2	16.5	11.3	4.0	14.0	5.1	98.0	347
Quthing	46.5	16.7	15.1	1.1	10.2	6.8	96.5	210
Qacha's Nek	41.7	19.7	4.8	4.1	21.8	4.1	96.3	113
Mokhotlong	30.5	20.5	6.4	1.1	30.2	7.6	96.3	196
Thaba-Tseka	38.7	21.5	9.1	2.5	17.8	9.4	99.1	248
Education								
No education	18.3	24.4	6.8	2.7	34.3	11.0	97.5	84
Primary, incomplete	40.0	20.2	10.3	3.7	16.5	6.9	97.6	1,111
Primary, complete	54.6	16.7	10.1	2.8	10.6	3.2	98.1	1,139
Secondary+	69.7	12.5	7.6	2.0	5.2	2.0	99.0	1,311
Wealth quintile								
Lowest	33.2	21.0	8.8	4.1	21.7	8.0	96.8	543
Second	43.9	22.8	8.5	2.2	14.8	5.2	97.5	695
Middle	52.0	17.4	10.4	3.4	11.6	3.8	98.6	640
Fourth	59.6	13.5	10.9	3.4	8.0	3.5	98.9	846
Highest	73.1	11.0	7.4	1.5	4.3	1.7	98.9	922
Total	54.7	16.4	9.2	2.8	11.0	4.1	98.3	3,646

Table 5.20 shows the distribution of all men knowing about contraception by their attitude towards family planning use. More than one-third of men indicated that they disapprove of a couple using family planning methods, about half mentioned that they would approve, and 14 percent are unsure about their attitude. As was the case with married women, the approval level is lowest among men who never attended school, with only 32 percent men in this group expressing a positive attitude towards family planning use. Other groups in which the percentage approving of family planning falls below 40 percent include men age 50-59 and men living Mohale's Hoek and Thaba-Tseka districts.

Table 5.20 Attitudes towards family planning: all men					
Percent distribution of men who know a family planning method by their attitude towards couples' family planning use, according to background characteristics, Lesotho 2004					
Background characteristic	Respondent approves of family planning	Respondent disapproves of family planning	Respondent unsure	Total	Number of men
Age					
15-19	41.0	36.3	22.7	100.0	676
20-24	48.1	36.3	15.6	100.0	498
25-29	57.7	33.3	9.0	100.0	371
30-34	58.4	34.0	7.6	100.0	297
35-39	58.1	35.6	5.8	100.0	232
40-44	58.5	35.1	6.4	100.0	162
45-49	52.0	35.4	12.6	100.0	162
50-54	35.4	53.7	11.0	100.0	157
55-59	32.9	54.5	12.6	100.0	131
Marital status					
Never married	45.0	35.9	19.1	100.0	1,337
Married or living together	53.9	37.7	8.4	100.0	1,170
Divorced/separated/ widowed	46.4	47.1	6.4	100.0	173
Missing	100.0	0.0	0.0	100.0	4
Residence					
Urban	69.2	20.6	10.2	100.0	600
Rural	43.2	42.2	14.6	100.0	2,084
Ecological zone					
Lowlands	51.5	35.4	13.1	100.0	1,693
Foothills	47.2	42.5	10.3	100.0	285
Mountains	40.1	43.6	16.1	100.0	536
Senqu River Valley	56.1	28.1	15.9	100.0	169
District					
Butha-Buthe	57.0	34.8	8.2	100.0	176
Leribe	48.8	37.4	13.8	100.0	376
Berea	41.5	49.4	9.1	100.0	333
Maseru	58.8	30.0	11.1	100.0	721
Mafeteng	44.6	38.3	17.2	100.0	282
Mohale's Hoek	39.6	34.6	25.7	100.0	275
Quthing	50.0	34.7	15.3	100.0	165
Qacha's Nek	45.0	37.5	17.5	100.0	96
Mokhotlong	46.2	44.0	9.8	100.0	117
Thaba-Tseka	38.6	50.3	10.4	100.0	145
Education					
No education	32.2	53.0	14.6	100.0	436
Primary, incomplete	42.4	41.7	15.9	100.0	1,130
Primary, complete	50.3	38.6	11.1	100.0	347
Secondary+	67.7	21.6	10.7	100.0	771
Wealth quintile					
Lowest	36.1	49.2	14.7	100.0	338
Second	41.6	44.8	13.4	100.0	521
Middle	46.4	37.7	15.9	100.0	536
Fourth	46.6	40.2	13.2	100.0	606
Highest	65.3	23.0	11.7	100.0	682
Total	49.0	37.4	13.6	100.0	2,684

In addition to questions about general approval of family planning, men were asked whether they agreed or disagreed with four statements about family planning use: 1) contraception is women's business and a man should not have to worry about it; 2) women who use contraception may become promiscuous; 3) a woman is the one who gets pregnant so she should use contraception; and 4) women who use contraception may have a problem becoming pregnant. The results of these questions are shown in Table 5.21.

Table 5.21 Men's attitude about contraception

Among men who know a family planning method, percentage who agree with various statements about contraceptive use, by background characteristics, Lesotho 2004

Background characteristic	Percentage who agree that:				Number of men
	Contraception is women's business	Women who use contraception may become promiscuous	A woman is the one who becomes pregnant so she should use contraception	Women who use contraception may have a problem becoming pregnant	
Age					
15-19	39.5	52.1	56.4	50.6	676
20-24	53.2	71.6	64.4	69.4	498
25-29	45.6	73.0	60.1	67.2	371
30-34	49.7	68.9	63.8	72.8	297
35-39	55.0	69.9	70.6	69.1	232
40-44	56.3	72.2	71.7	74.0	162
45-49	44.3	71.0	60.9	64.1	162
50-54	50.9	73.2	62.4	72.7	157
55-59	48.6	76.9	63.8	72.9	131
Marital status					
Never married	45.3	59.5	59.9	58.2	1,337
Married or living together	49.7	73.7	64.1	71.7	1,170
Divorced/separated/ widowed	54.6	78.0	70.1	73.0	173
Residence					
Urban	40.6	62.2	58.4	61.0	600
Rural	49.8	68.1	63.5	66.2	2,084
Ecological zone					
Lowlands	46.5	67.2	62.3	66.3	1,693
Foothills	47.7	66.6	59.1	64.8	285
Mountains	50.0	66.2	62.6	61.8	536
Senqu River Valley	52.8	64.8	67.6	62.6	169
District					
Butha-Buthe	40.5	63.1	57.3	64.1	176
Leribe	46.1	66.9	58.0	68.4	376
Berea	49.0	75.3	67.7	72.9	333
Maseru	43.7	65.5	61.6	66.8	721
Mafeteng	51.5	68.6	62.0	60.3	282
Mohale's Hoek	51.0	63.0	63.9	57.1	275
Quthing	52.8	68.3	69.2	65.8	165
Qacha's Nek	41.4	44.5	50.0	43.5	96
Mokhotlong	55.9	77.1	66.1	68.8	117
Thaba-Tseka	56.9	66.0	66.6	64.6	145
Education					
No education	53.1	70.8	65.0	69.6	436
Primary, incomplete	49.9	66.3	63.0	66.0	1,130
Primary, complete	52.3	71.9	66.2	66.1	347
Secondary+	39.6	62.9	58.1	60.4	771
Wealth quintile					
Lowest	54.7	70.3	65.8	65.3	338
Second	52.7	67.8	63.5	65.7	521
Middle	48.8	68.2	63.1	67.8	536
Fourth	46.3	66.4	61.1	66.7	606
Highest	41.0	63.5	60.3	60.8	682
Total	47.8	66.8	62.4	65.0	2,684

The data show that nearly half of men knowing about contraception believe that it is women's business only (48 percent) and 62 percent agree that the woman is the one who gets pregnant so she should be the one to use a method. Nearly two-thirds of men say that women who use family planning may become promiscuous, and a similar percentage believe that women who use contraception may experience problems becoming pregnant.

In the 2004 LDHS, men were also asked whether they agreed or disagreed with nine statements about condom use. The responses are shown in Table 5.22. Seven in ten men agree that condoms protect against sexually transmitted infections and an equal proportion believe that the condom is the best way to prevent unwanted pregnancy. Forty-five percent of men believe that condoms diminish sexual pleasure, and 37 percent believe that condoms are inconvenient to use. Nearly one in three men believe that buying condoms is embarrassing. A similar percentage agree that people who use condoms are not faithful because they might have the AIDS virus or other sexually transmitted infections, and a similar number believe that a woman has no right to tell a man to use condoms. Twenty-seven percent of men believe that condoms contain the AIDS virus. Furthermore, one in ten believes that condoms can be reused.

Table 5.22 Men's attitudes towards condoms

Percentage of men age 15-59 who agree with particular statements about condoms, by background characteristics, Lesotho 2004

Background characteristic	Percentage who agree that:									Number of men
	Condoms diminish sexual pleasure	Condoms are very inconvenient to use	Condoms can be reused	Condoms protect against STIs	Buying condoms is embarrassing	A woman has no right to tell man to use a condom	Condoms contain the AIDS virus	A condom is best way to prevent unwanted pregnancy	People who use condoms are not faithful	
Current age										
15-19	28.8	23.8	14.1	64.7	31.6	24.6	20.5	64.2	27.7	743
20-24	50.6	41.7	12.5	76.6	35.1	32.4	25.2	77.8	35.6	507
25-29	54.5	43.6	11.4	74.9	28.7	31.9	31.6	77.2	32.4	374
30-34	52.4	40.6	9.1	71.9	29.9	33.2	25.3	76.9	34.0	305
35-39	54.4	46.8	12.0	74.1	34.8	34.9	29.8	77.2	29.3	233
40-44	57.8	47.8	9.4	70.8	39.1	36.6	25.5	72.1	44.9	164
45-49	40.2	37.1	3.9	62.1	31.1	25.7	28.3	60.3	37.9	170
50-54	46.4	41.6	6.9	58.7	46.2	33.8	36.6	55.7	42.6	164
55-59	38.6	37.1	4.0	52.5	40.7	43.6	34.8	56.7	35.4	137
Marital status										
Never married	38.8	30.3	13.2	69.7	31.5	27.4	21.8	70.6	30.8	1,422
Ever had sex	50.3	38.3	13.9	80.1	34.1	30.4	24.4	81.8	34.9	916
Never had sex	17.9	15.8	11.9	50.9	26.9	22.0	17.1	50.3	23.5	506
Married/living together	50.3	44.1	8.9	69.4	35.9	35.2	30.8	70.2	35.9	1,191
Divorced/separated/ widowed	55.8	48.6	6.4	61.1	35.1	32.3	35.7	67.9	37.6	184
Residence										
Urban	48.3	34.1	10.6	79.1	25.7	21.4	22.0	77.6	25.4	603
Rural	43.9	38.3	11.0	66.2	35.8	33.7	27.8	68.2	35.7	2,194
Ecological zone										
Lowlands	46.5	38.6	11.8	74.3	33.4	30.2	26.1	74.9	33.7	1,734
Foothills	46.1	40.5	8.7	59.9	36.2	34.6	29.0	60.0	32.8	307
Mountains	40.9	34.5	10.7	57.1	34.8	33.4	28.9	59.0	34.2	585
Senqu River Valley	39.1	28.8	5.9	72.7	27.7	24.8	18.4	79.4	29.5	171
District										
Butha-Buthe	44.9	39.8	6.0	69.0	39.7	34.7	30.0	68.1	37.6	182
Leribe	43.4	34.3	8.6	64.3	36.5	28.7	25.5	64.0	33.6	393
Berea	43.8	40.6	9.7	67.3	31.9	29.2	29.0	69.3	28.4	353
Maseru	48.8	39.1	17.0	75.3	31.3	29.8	27.2	73.9	30.8	740
Mafeteng	43.2	37.5	3.0	71.5	36.3	35.5	24.5	77.8	42.1	296
Mohale's Hoek	48.6	41.1	13.1	74.8	30.2	32.7	23.7	76.7	34.1	281
Quthing	37.9	30.2	3.8	68.7	27.5	21.7	18.1	77.5	31.6	167
Qacha's Nek	27.1	15.1	13.6	53.1	23.9	23.7	15.9	51.9	27.7	102
Mokhotlong	33.2	22.4	8.1	52.5	37.8	28.3	24.0	53.1	27.2	128
Thaba-Tseka	56.3	54.1	15.6	64.1	45.5	47.8	43.3	65.4	45.5	156
Education										
No education	39.5	39.3	9.5	50.7	37.4	36.6	32.1	53.2	36.0	479
Primary, incomplete	48.2	43.0	10.5	65.5	39.0	37.0	30.4	68.0	39.2	1,194
Primary, complete	49.8	36.5	15.1	77.0	30.4	28.1	23.0	75.0	28.4	352
Secondary+	40.6	27.9	10.6	82.2	24.5	19.7	18.8	82.0	25.3	773
Wealth quintile										
Lowest	47.2	40.9	10.4	55.5	39.0	38.5	28.9	62.1	34.3	371
Second	44.8	37.2	11.2	64.9	36.3	37.7	33.4	67.4	43.3	544
Middle	47.9	40.9	10.4	69.9	35.4	30.1	28.7	66.5	34.6	564
Fourth	41.9	34.9	12.3	69.6	32.5	31.7	23.6	73.4	32.2	625
Highest	43.6	34.9	10.1	78.3	28.3	21.9	20.7	76.9	25.5	692
Total	44.8	37.4	10.9	69.0	33.6	31.0	26.5	70.2	33.4	2,797

OTHER PROXIMATE DETERMINANTS OF FERTILITY

6

6.1 INTRODUCTION

Research on fertility demonstrates that fertility levels in most populations can be explained by five key proximate determinants that define the risk of becoming pregnant. These are marriage, sexual intercourse, postpartum amenorrhoea and abstinence from sexual relations, onset of menopause, and contraceptive use. This chapter addresses all of these determinants except contraception (see Chapter 5).

Marriage is a principal indicator of women's exposure to risk of pregnancy. Early age at marriage in a population is usually associated with a longer period of exposure to the risk of pregnancy and higher fertility levels. The early initiation of childbearing associated with early marriage may also adversely affect women and children's health. The durations of postpartum amenorrhoea and postpartum abstinence affect the length of time a woman is insusceptible to pregnancy and thus, determine the interval between births. The onset of menopause marks the end of a woman's reproductive life cycle. These factors taken together determine the duration of a woman's reproductive life and the pace of childbearing, making them important in understanding fertility levels and differences.

6.2 MARITAL STATUS

The distribution of women and men by marital status at the time of survey is presented in Table 6.1. The categories "married" and "living together" when combined are referred to as "currently married," and those who are divorced, separated, and widowed are referred to as "formerly married." The currently married and the formerly married combined gives the proportion "ever married."

Table 6.1 Current marital status								
Percent distribution of women and men by current marital status, according to age, Lesotho 2004								
Age	Marital status						Total	Number of women/men
	Never married	Married	Living together	Divorced	Separated	Widowed		
WOMEN								
15-19	82.0	16.8	0.3	0.0	0.5	0.3	100.0	1,710
20-24	40.2	52.9	0.4	0.6	4.2	1.8	100.0	1,463
25-29	18.5	66.4	0.7	0.6	7.3	6.6	100.0	1,044
30-34	9.2	71.6	1.0	1.5	7.6	9.1	100.0	816
35-39	7.4	65.9	0.5	1.3	7.3	17.5	100.0	728
40-44	5.7	62.8	1.6	1.6	6.2	22.0	100.0	741
45-49	3.1	63.7	0.9	0.6	6.9	24.8	100.0	592
Total	33.4	51.6	0.7	0.7	4.9	8.6	100.0	7,095
MEN								
15-19	99.6	0.4	0.0	0.0	0.0	0.0	100.0	743
20-24	78.2	20.2	0.0	0.0	1.3	0.3	100.0	507
25-29	42.1	53.3	0.2	0.0	2.8	1.6	100.0	374
30-34	23.8	69.2	0.5	0.6	4.7	1.2	100.0	305
35-39	10.3	75.5	0.9	1.2	7.8	3.8	100.0	233
40-44	8.4	75.4	0.1	0.6	11.2	4.3	100.0	164
45-49	2.8	77.2	0.5	1.7	9.6	6.9	100.0	170
50-54	5.6	75.6	1.6	0.0	12.0	5.2	100.0	164
55-59	0.3	79.6	2.7	0.0	7.9	9.6	100.0	137
Total	50.7	42.2	0.4	0.3	4.1	2.2	100.0	2,797

One-third of women of childbearing age have never been married; more than half are either married or living together with a man; 9 percent are widowed; and the remaining 6 percent are separated or divorced. Considering the age patterns, the low proportion (3 percent) of women age 45-49 that have never been married indicates that marriage is still nearly universal in Lesotho.

Nearly half of the men interviewed have never been married, 43 percent are currently married or living together, 2 percent are widowed, and only 4 percent are separated or divorced. Compared with women, a greater proportion of men have never been married (17 percentage points more), while a smaller proportion are widowed (6 percentage points less).

6.3 POLYGyny

The extent of polygyny in Lesotho was measured by asking currently married men the question, “Do you have one wife or more than one wife?” If more than one, he was asked, “How many wives do you have?” Table 6.2 shows the distribution of the men by the number of wives, according to background characteristics.

The data show that 5 percent of men report having more than one wife. Polygyny is notably higher among men living in Thaba-Tseka. Men with no education are more likely to be in polygynous unions (7 percent).

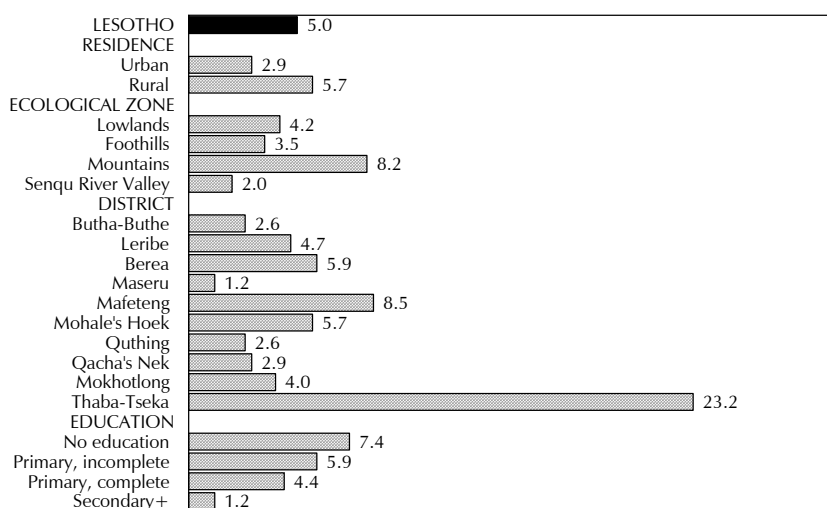
Table 6.2 Polygyny: Currently married men

Percent distribution of currently married men by number of wives, according to background characteristics, Lesotho 2004

Background characteristic	Number of wives		Total	Number of men
	1	2+		
Age				
15-19	*	*	*	3
20-24	96.5	3.5	100.0	102
25-29	97.7	2.3	100.0	200
30-34	94.2	5.8	100.0	212
35-39	96.4	3.6	100.0	178
40-44	95.3	4.7	100.0	124
45-49	89.8	10.2	100.0	132
50-54	93.6	6.4	100.0	127
55-59	95.2	4.8	100.0	113
Residence				
Urban	97.1	2.9	100.0	293
Rural	94.3	5.7	100.0	898
Ecological zone				
Lowlands	95.8	4.2	100.0	692
Foothills	96.5	3.5	100.0	132
Mountains	91.8	8.2	100.0	300
Senqu River Valley	98.0	2.0	100.0	67
District				
Butha-Buthe	97.4	2.6	100.0	76
Leribe	95.3	4.7	100.0	179
Berea	94.1	5.9	100.0	140
Maseru	98.8	1.2	100.0	326
Mafeteng	91.5	8.5	100.0	84
Mohale's Hoek	94.3	5.7	100.0	125
Quthing	97.4	2.6	100.0	70
Qacha's Nek	97.1	2.9	100.0	42
Mokhotlong	96.0	4.0	100.0	75
Thaba-Tseka	76.8	23.2	100.0	73
Education				
No education	92.6	7.4	100.0	304
Primary, incomplete	94.1	5.9	100.0	480
Primary, complete	95.6	4.4	100.0	128
Secondary+	98.8	1.2	100.0	279
Wealth quintile				
Lowest	94.1	5.9	100.0	197
Second	94.7	5.3	100.0	246
Middle	93.3	6.7	100.0	212
Fourth	94.8	5.2	100.0	243
Highest	97.2	2.8	100.0	294
Total	95.0	5.0	100.0	1,191

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Figure 6.1 Percentage of Currently Married Men Who Have More Than One Wife



LDHS 2004

6.4 AGE AT FIRST MARRIAGE

Age at first marriage has a major effect on childbearing because women who marry early have, on average, a longer period of exposure to pregnancy, often leading to a higher number of children ever born. Tables 6.3.1 and 6.3.2 show the percentage of women and men who have married by specific ages, according to current age group.

Table 6.3.1 shows that 56 percent of all women 20-49 were married before age 20. Few women married at a very early age (before age 15): 5 percent among all women and 2 percent among women age 20-24.

Table 6.3.1 Age at first marriage: women

Percentage of women who were first married by specific exact ages and median age at first marriage, according to current age, Lesotho 2004

Current age	Percentage first married by exact age:					Percentage never married	Number	Median age at first marriage
	15	18	20	22	25			
15-19	1.4	na	na	na	na	82.0	1,710	a
20-24	2.3	22.7	44.0	na	na	40.2	1,463	a
25-29	3.9	25.7	49.6	66.0	77.4	18.5	1,044	20.0
30-34	2.7	35.3	58.0	72.2	80.9	9.2	816	19.3
35-39	6.4	33.0	58.5	76.0	84.8	7.4	728	19.3
40-44	7.6	42.3	67.9	79.2	86.6	5.7	741	18.6
45-49	7.6	44.3	72.8	85.4	92.6	3.1	592	18.3
20-49	4.5	31.7	55.6	69.3	77.1	18.0	5,385	19.5
25-49	5.3	35.0	60.0	74.6	83.5	9.8	3,922	19.1

na = Not applicable

a = Omitted because less than 50 percent of the women married for the first time before reaching the beginning of the age group

The table also shows the median age at first marriage, that is, the age by which half of women have married. Overall, among women age 20-49, the median age at first marriage is 19.5 years. The data show an increase in age at first marriage from 18.3 years among women age 45-49 to 20.0 years among women age 25-29.

Table 6.3.2 indicates that men are much older on average than women when they marry for the first time. Only 8 percent of men 25-59 marry before age 20, and less than half married before age 25. Although the pattern is less consistent for men than women, the median age at first marriage for men appears to have increased over time, from 24.5 years among men 50-59 to 25.9 years among men 30-34.

Table 6.3.2 Age at first marriage: men							
Percentage of men who were first married by specific exact ages and median age at first marriage, according to current age, Lesotho 2004							
Current age	Percentage first married by exact age:				Percentage never married	Number	Median age at first marriage
	18	20	22	25			
15-19	na	na	na	na	99.6	743	a
20-24	1.8	8.9	na	na	78.2	507	a
25-29	1.2	7.5	19.3	45.4	42.1	374	a
30-34	1.9	5.3	17.9	40.8	23.8	305	25.9
35-39	3.8	12.4	26.9	51.1	10.3	233	24.9
40-44	1.2	7.8	22.2	45.5	8.4	164	25.4
45-49	0.8	9.0	29.0	54.0	2.8	170	24.0
50-54	2.5	9.1	28.7	55.4	5.6	164	24.5
55-59	3.7	6.1	21.1	58.1	0.3	137	24.5
25-59	2.0	8.0	22.7	48.7	18.2	1,547	a
30-59	2.3	8.2	23.8	49.8	10.6	1,172	25.0
na = Not applicable							
a = Omitted because less than 50 percent of the men married for the first time before reaching the beginning of the age group							

Table 6.4 present socioeconomic differentials in the median age at first marriage for women age 20-49 and 25-49 and for men 30-59. Urban women tend to marry two years later than their rural counterparts, and the difference is larger among the younger age cohorts. A woman's education level is also related to the likelihood that she will delay marriage. Among all women age 25-29, for example, the median age at marriage is about 3 years higher among women with at least some secondary education compared with women whose primary education is incomplete.

The median age at first marriage for men also varies with residence and education status. Rural men and men with little or no education are especially likely to enter into marriage early. Men age 30-59 are more likely to marry earlier in the Mountains (age 24) as compared with their Lowlands counterparts (age 26).

Table 6.4 Median age at first marriage

Median age at first marriage among women age 20-49 and among men 30-59, by current age (women) and background characteristics, Lesotho 2004

Background characteristic	Current age					Women age 20-49	Women age 25-49	Men age 30-59
	25-29	30-34	35-39	40-44	45-49			
Residence								
Urban	22.5	20.9	20.7	20.5	18.9	a	20.9	25.8
Rural	19.3	18.8	18.8	18.2	18.2	19.0	18.7	24.7
Ecological zone								
Lowlands	20.6	19.5	19.8	18.9	18.5	20.0	19.5	25.5
Foothills	18.9	18.9	19.1	17.8	18.3	18.8	18.6	24.1
Mountains	18.9	18.8	18.4	18.0	17.9	18.6	18.5	23.7
Senqu River Valley	20.8	19.5	18.7	18.7	18.1	19.6	19.0	25.2
District								
Butha-Buthe	19.8	19.9	18.6	17.7	17.7	19.1	18.6	23.7
Leribe	19.0	18.8	19.5	18.6	18.4	19.3	18.9	24.6
Berea	19.9	18.8	19.6	18.2	17.9	19.4	19.0	25.3
Maseru	21.1	20.4	20.1	19.9	18.9	a	20.2	25.8
Mafeteng	20.4	19.2	19.6	18.4	18.1	19.3	19.1	25.7
Mohale's Hoek	19.8	18.7	18.8	17.7	18.3	18.9	18.6	24.4
Quthing	20.0	18.8	18.7	18.7	17.9	19.1	18.8	25.1
Qacha's Nek	20.0	18.5	17.9	17.8	(18.8)	18.9	18.6	25.2
Mokhotlong	19.2	18.9	18.4	18.3	(17.7)	18.8	18.6	22.9
Thaba-Tseka	19.7	19.4	(18.8)	17.9	(17.3)	19.0	19.0	23.7
Education								
No education	*	(18.3)	*	(18.1)	(17.5)	18.2	18.2	24.1
Primary, incomplete	18.7	17.9	17.6	17.5	17.7	18.1	17.9	24.5
Primary, complete	18.9	18.9	18.9	18.4	18.4	18.9	18.7	25.9
Secondary+	21.5	20.4	20.5	20.1	21.4	a	20.8	26.0
Wealth quintile								
Lowest	18.6	18.6	17.6	17.8	18.0	18.3	18.1	23.4
Second	18.8	19.2	18.7	18.1	17.6	18.6	18.4	24.5
Middle	19.8	18.6	19.4	18.0	18.3	19.3	18.8	25.1
Fourth	20.7	19.1	19.4	18.7	18.4	19.9	19.3	25.4
Highest	21.5	20.2	20.0	19.8	19.5	a	20.3	25.6
Total	20.0	19.3	19.3	18.6	18.3	19.5	19.1	25.0

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

a = Omitted because less than 50 percent of the women married for the first time before reaching the beginning of the age group

6.5 AGE AT FIRST SEXUAL INTERCOURSE

Although age at marriage is often used as a proxy measure for the beginning of exposure to the risk of pregnancy, some women engage in sexual activity before marriage. The 2004 LDHS gathered information on the timing of the first sexual intercourse for both men and women. The percentage of women and men who had had sexual intercourse by exact ages is given in Table 6.5.

Table 6.5 Age at first sexual intercourse								
Percentage of women and men who had first sexual intercourse by specific exact ages and median age at first intercourse, according to current age, Lesotho 2004								
Current age	Percentage who had first sexual intercourse by exact age:					Percentage who never had intercourse	Number of women/ men	Median age at first intercourse
	15	18	20	22	25			
WOMEN								
15-19	6.9	na	na	na	na	57.1	1,710	a
20-24	5.6	37.9	67.7	na	na	11.3	1,463	18.7
25-29	5.2	37.2	65.8	81.0	89.1	2.4	1,044	18.7
30-34	3.9	39.2	64.6	77.7	86.0	0.6	816	18.8
35-39	5.9	36.9	62.8	78.4	85.5	0.3	728	18.9
40-44	7.8	42.1	71.1	82.6	89.0	0.6	741	18.4
45-49	7.6	42.5	70.1	82.4	86.0	0.2	592	18.4
20-49	5.8	38.9	66.9	80.6	86.3	3.7	5,385	18.7
25-49	5.9	39.3	66.6	80.3	87.3	0.9	3,922	18.6
MEN								
15-19	17.6	na	na	na	na	54.4	743	a
20-24	6.5	48.9	71.9	na	na	13.9	507	18.1
25-29	5.1	38.3	65.9	80.7	91.1	3.7	374	18.6
30-34	4.8	28.9	56.2	72.9	85.3	3.6	305	19.3
35-39	3.5	24.8	48.7	71.2	83.0	1.5	233	20.1
40-44	1.8	19.7	39.8	63.3	80.3	1.1	164	20.5
45-49	3.1	13.1	39.1	58.2	73.2	0.0	170	20.8
50-54	0.6	9.1	28.6	50.1	76.9	0.6	164	22.0
55-59	0.0	6.7	22.9	45.6	78.1	0.0	137	22.4
25-59	3.3	23.8	47.9	67.1	83.0	2.0	1,547	20.1
30-59	2.7	19.1	42.2	62.7	80.4	1.5	1,172	20.5
na = Not applicable								
a = Omitted because less than 50 percent of the women had intercourse for the first time before reaching the beginning of the age group								

Relatively few women in Lesotho have had sex by age 15, but half reported having initiated sexual activity before they reached age 19. The median age at which women reported that they had first sexual intercourse has increased over time, from 18.4 years among women age 45-49 to 18.7 years among women age 20-24. The data for male respondents show a later age at first sex for most age groups, compared with female respondents. The data also imply that age at first sex among men has been declining over time, from 22 years for men in their 50s to around 18 years for men in their 20s.

Table 6.6 shows the median age at first sex by background characteristics for women age 20-49 and men age 25-59 years. The greatest differentials are observed by educational level. For example, women with at least some secondary education begin sexual activity two years later than those with primary education incomplete.

Table 6.6 Median age at first intercourse										
Median age at first sexual intercourse among women age 20-49 and men age 25-59, by current age (women) and background characteristics, Lesotho 2004										
Background characteristic	Current age						Women age 20-49	Women age 25-49	Men age 25-59	Men age 30-59
	20-24	25-29	30-34	35-39	40-44	45-49				
Residence										
Urban	19.2	19.0	19.1	19.8	19.1	19.0	19.2	19.2	19.6	20.0
Rural	18.6	18.6	18.7	18.6	18.2	18.2	18.5	18.5	20.3	20.6
Ecological zone										
Lowlands	19.0	18.9	19.0	19.3	18.6	18.5	18.9	18.8	20.0	20.4
Foothills	18.4	18.2	18.8	18.8	17.7	18.1	18.3	18.3	20.1	20.6
Mountains	18.6	18.4	18.5	18.3	18.1	18.2	18.4	18.3	20.5	20.6
Senqu River Valley	17.8	18.1	18.4	18.5	18.3	17.8	18.1	18.2	19.8	20.1
District										
Butha-Buthe	19.1	19.3	19.6	18.7	17.9	17.8	18.7	18.6	20.5	20.9
Leribe	19.1	18.5	18.8	19.1	18.3	18.2	18.7	18.5	20.5	20.7
Berea	18.6	19.2	18.8	18.9	18.1	18.3	18.7	18.7	20.1	20.6
Maseru	19.0	18.8	19.2	19.3	18.9	19.0	19.0	19.0	19.7	20.1
Mafeteng	18.6	19.0	18.0	19.3	18.5	18.3	18.7	18.7	20.1	20.7
Mohale's Hoek	18.1	17.9	17.9	18.5	17.4	17.8	17.9	17.8	19.3	20.2
Quthing	17.7	17.9	17.5	18.6	17.0	17.8	17.9	18.0	20.0	20.2
Qacha's Nek	18.4	18.6	18.2	17.6	18.1	(18.6)	18.2	18.2	20.3	20.4
Mokhotlong	18.8	18.7	19.0	18.6	18.4	(18.3)	18.7	18.7	20.4	20.6
Thaba-Tseka	19.0	18.6	19.5	(18.7)	18.4	(18.2)	18.8	18.7	20.9	21.5
Education										
No education	(16.9)	*	(16.9)	*	(17.5)	(18.0)	17.6	17.7	20.6	20.8
Primary, incomplete	17.7	17.6	17.9	17.5	17.5	18.0	17.7	17.7	20.1	20.5
Primary, complete	18.5	18.6	18.6	18.8	18.3	18.4	18.5	18.6	20.2	20.4
Secondary+	19.4	19.2	19.5	19.8	19.7	20.8	19.5	19.6	19.4	20.0
Wealth quintile										
Lowest	18.0	17.7	18.3	17.6	18.2	17.9	18.0	17.9	20.2	20.5
Second	18.3	18.4	19.2	18.6	18.1	17.9	18.3	18.3	20.3	20.7
Middle	18.8	18.7	18.2	19.0	17.7	18.2	18.5	18.4	20.1	20.5
Fourth	18.9	18.6	18.8	18.9	18.6	18.5	18.8	18.7	20.5	20.8
Highest	19.4	19.3	19.2	19.4	18.9	19.5	19.3	19.2	19.6	20.1
Total	18.7	18.7	18.8	18.9	18.4	18.4	18.7	18.6	20.1	20.5
Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.										

6.6 RECENT SEXUAL ACTIVITY

In the absence of contraception, the chance of becoming pregnant is related to the frequency of sexual intercourse. Thus, the information on sexual activity can be used to refine measures of exposure to pregnancy. Women and men were asked how long ago their last sexual activity occurred. The responses to this question allow for an assessment of recent sexual activity (in the four weeks preceding the survey). Tables 6.7.1 and 6.7.2 show the distribution of women and men, respectively, according to the timing of last sexual activity, by background characteristics.

Table 6.7.1 Recent sexual activity: women

Percent distribution of women by timing of last sexual intercourse, according to background characteristics, Lesotho 2004

Background characteristic	Timing of last sexual intercourse				Never had sexual intercourse	Total	Number of women
	Within the past 4 weeks	Within 1 year ¹	One or more years	Missing			
Current age							
15-19	11.3	21.6	7.2	2.8	57.1	100.0	1,710
20-24	33.8	37.3	11.5	6.1	11.3	100.0	1,463
25-29	49.2	35.1	8.1	5.2	2.4	100.0	1,044
30-34	54.6	30.3	9.4	5.2	0.6	100.0	816
35-39	49.5	33.6	11.2	5.3	0.3	100.0	728
40-44	48.4	32.6	14.5	3.9	0.6	100.0	741
45-49	49.0	26.6	21.9	2.4	0.2	100.0	592
Marital status							
Never married	8.4	26.3	13.4	2.4	49.5	100.0	2,373
Married or living together	59.7	30.9	4.1	5.2	0.1	100.0	3,709
Divorced/separated/widowed	23.8	39.9	29.8	6.4	0.0	100.0	1,014
Marital duration²							
Married only once							
0-4 years	52.7	34.7	4.6	7.8	0.2	100.0	1,005
5-9 years	62.1	28.0	2.8	7.1	0.0	100.0	709
10-14 years	60.8	31.7	4.8	2.7	0.0	100.0	524
15-19 years	64.3	25.9	3.4	6.4	0.0	100.0	469
20-24 years	59.9	31.8	5.5	2.7	0.0	100.0	381
25+ years	65.2	29.3	4.0	1.5	0.0	100.0	516
Married more than once	58.7	36.5	3.4	1.4	0.0	100.0	105
Residence							
Urban	40.1	29.0	11.9	2.1	16.9	100.0	1,682
Rural	36.6	31.2	10.6	5.2	16.5	100.0	5,413
Ecological zone							
Lowlands	37.9	30.6	11.5	3.3	16.8	100.0	4,299
Foothills	36.8	29.3	9.3	6.4	18.2	100.0	787
Mountains	37.8	29.5	10.2	6.5	16.0	100.0	1,572
Senqu River Valley	33.1	37.9	10.6	4.5	13.8	100.0	437
District							
Butha-Buthe	39.5	24.8	9.8	4.8	21.2	100.0	458
Leribe	39.7	30.4	8.7	3.4	17.8	100.0	1,065
Berea	37.0	27.7	11.4	4.7	19.1	100.0	776
Maseru	39.2	30.6	11.0	3.5	15.6	100.0	1,868
Mafeteng	37.6	31.4	11.4	4.6	15.0	100.0	755
Mohale's Hoek	35.2	31.9	13.1	4.2	15.6	100.0	684
Quthing	31.9	39.9	10.9	4.2	13.0	100.0	461
Qacha's Nek	33.8	34.2	12.0	7.0	13.0	100.0	233
Mokhotlong	39.3	27.5	10.0	4.7	18.5	100.0	360
Thaba-Tseka	32.6	30.2	11.7	8.4	17.1	100.0	435
Education							
No education	46.2	31.7	12.0	7.3	2.9	100.0	145
Primary, incomplete	37.2	28.7	11.7	5.2	17.3	100.0	2,136
Primary, complete	38.1	33.0	10.6	5.2	13.1	100.0	1,960
Secondary+	36.7	30.5	10.4	3.2	19.2	100.0	2,854
Current contraceptive method							
Female sterilisation	58.2	23.8	16.0	2.1	0.0	100.0	148
Pill	64.1	29.8	4.0	2.1	0.0	100.0	499
IUCD	63.7	31.0	4.4	1.0	0.0	100.0	109
Condom	50.1	42.4	5.4	2.1	0.0	100.0	444
Rhythm or periodic abstinence	*	*	*	*	*	*	1
Other method	55.1	33.8	7.2	3.9	0.0	100.0	855
No method	29.5	29.4	12.7	5.1	23.4	100.0	5,037
Wealth quintile							
Lowest	36.5	30.1	11.9	7.7	13.8	100.0	987
Second	35.6	32.8	11.4	6.0	14.3	100.0	1,294
Middle	35.0	31.4	10.7	4.4	18.4	100.0	1,258
Fourth	37.8	31.7	9.7	3.8	17.0	100.0	1,595
Highest	40.4	28.2	11.0	2.3	18.0	100.0	1,962
Total	37.4	30.6	10.9	4.4	16.6	100.0	7,095

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Excludes women who had sexual intercourse within the last 4 weeks

² Excludes women who are not currently married

Table 6.7.2 Recent sexual activity: men

Percent distribution of men by timing of last sexual intercourse, according to background characteristics, Lesotho 2004

Background characteristic	Timing of last sexual intercourse				Never had sexual intercourse	Total	Number of men
	Within the past 4 weeks	Within 1 year ¹	One or more years	Missing			
Current age							
15-19	14.5	22.9	8.2	0.0	54.4	100.0	743
20-24	33.6	38.5	13.9	0.0	13.9	100.0	507
25-29	53.8	32.0	10.1	0.4	3.7	100.0	374
30-34	66.4	22.4	7.5	0.2	3.6	100.0	305
35-39	60.5	29.3	8.3	0.5	1.5	100.0	233
40-44	67.9	23.0	8.0	0.0	1.1	100.0	164
45-49	63.0	21.3	15.6	0.0	0.0	100.0	170
50-54	65.9	19.0	14.4	0.0	0.6	100.0	164
55-59	58.2	30.0	11.8	0.0	0.0	100.0	137
Marital status							
Never married	22.3	29.6	12.2	0.2	35.7	100.0	1,419
Married or living together	70.9	23.4	5.7	0.0	0.0	100.0	1,191
Divorced/separated/widowed	36.1	36.5	27.5	0.0	0.0	100.0	184
Marital duration²							
Married only once							
0-4 years	63.5	29.8	6.6	0.0	0.0	100.0	276
5-9 years	74.3	23.6	2.1	0.0	0.0	100.0	234
10-14 years	68.9	27.4	3.7	0.0	0.0	100.0	151
15-19 years	69.2	23.6	7.2	0.0	0.0	100.0	146
20-24 years	70.0	18.0	11.9	0.0	0.0	100.0	97
25+ years	74.7	19.1	6.2	0.0	0.0	100.0	221
Married more than once	83.5	12.3	4.3	0.0	0.0	100.0	70
Residence							
Urban	52.7	25.6	6.9	0.0	14.7	100.0	603
Rural	41.5	28.0	11.4	0.1	19.0	100.0	2,194
Ecological zone							
Lowlands	44.4	25.6	10.7	0.1	19.2	100.0	1,734
Foothills	41.5	29.4	10.6	0.0	18.5	100.0	307
Mountains	42.7	29.9	10.3	0.2	16.9	100.0	585
Senqu River Valley	47.9	34.8	7.1	0.4	9.8	100.0	171
District							
Butha-Buthe	39.1	31.6	11.0	0.0	18.2	100.0	182
Leribe	46.5	23.6	10.6	0.0	19.3	100.0	393
Berea	37.6	26.3	14.7	0.0	21.5	100.0	353
Maseru	48.1	27.6	8.9	0.0	15.4	100.0	740
Mafeteng	37.7	24.2	10.4	0.5	27.2	100.0	296
Mohale's Hoek	48.9	27.8	8.5	0.2	14.7	100.0	281
Quthing	49.4	35.4	6.6	0.0	8.5	100.0	167
Qacha's Nek	42.5	35.3	8.5	0.0	13.6	100.0	102
Mokhotlong	43.7	27.7	9.5	0.0	19.1	100.0	128
Thaba-Tseka	35.6	26.0	16.6	0.7	21.2	100.0	156
Education							
No education	50.2	29.0	12.1	0.5	8.2	100.0	479
Primary, incomplete	42.6	24.4	9.7	0.0	23.4	100.0	1,194
Primary, complete	42.8	31.1	10.2	0.2	15.7	100.0	352
Secondary+	42.7	29.6	10.6	0.0	17.1	100.0	773
Wealth quintile							
Lowest	42.8	30.6	13.1	0.0	13.6	100.0	371
Second	44.0	30.1	9.8	0.3	15.8	100.0	544
Middle	40.4	31.0	9.3	0.0	19.2	100.0	564
Fourth	40.9	24.0	13.6	0.0	21.5	100.0	625
Highest	50.1	24.0	7.5	0.2	18.3	100.0	692
Total	43.9	27.5	10.4	0.1	18.1	100.0	2,797

Note: Total includes 2 men with missing information on marital status.

¹ Excludes men who had sexual intercourse within the last 4 weeks² Excludes men who are not currently married

Seventeen percent of women age 15-49 and 18 percent of men age 15-59 have never had sexual intercourse. Eleven and 10 percent of women and men, respectively, report that their last sexual encounter occurred more than one year before the survey. About a third of the female respondents (37 percent) and 44 percent of male respondents had a recent sexual encounter (i.e., within 4 weeks preceding the interview).

Recent sexual activity is less common among the youngest age group, 15-19: 57 percent of women and 54 percent of men in this age group have never had sex. Recent sexual activity is more common among those who are currently married, with 60 percent of women 15-49 and 71 percent of men having had sex in the four weeks before the survey. Male-female differences are greatest for those who have never married and those formerly married. Among those who have never married, for example, the proportion of males who report a recent sexual encounter is nearly three times that of women (22 and 8 percent, respectively).

The proportions reporting recent sexual activity do not differ greatly across most of the other characteristics shown in Table 6.7.1. However, women who report using no contraceptive method are less likely to have had a recent sexual encounter.

6.7 POSTPARTUM AMENORRHOEA, ABSTINENCE, AND INSUSCEPTIBILITY

Postpartum amenorrhoea is defined as the period between childbirth and the return of ovulation, generally approximated by the resumption of menstruation following childbirth. This period is largely determined by the duration and intensity of breastfeeding. The risk of conception in this period is very low. The duration of postpartum amenorrhoea and the period of sexual abstinence following birth jointly determine the length of the insusceptibility period. Thus, women are considered insusceptible if they are abstaining from sex following childbirth or are amenorrhoeic.

Women who gave birth three years preceding the survey were asked about the duration of their periods of amenorrhoea and sexual abstinence following each birth. The results are presented in Table 6.8. All women are insusceptible to pregnancy within the first two months following childbirth. At 6 to 7 months after birth, nearly 60 percent of all women are still amenorrhoeic and abstaining. After about one year, the proportion amenorrhoeic drops steadily, and after 24 to 25 months following childbirth, less than 10 percent are amenorrhoeic. The proportion abstaining also drops steadily after about one year, but the decline is less rapid than observed for the proportion amenorrhoeic. For example, at 18 to 19 months following childbirth, 29 percent are still abstaining compared with 19 percent who are still amenorrhoeic.

Table 6.8 Postpartum amenorrhoea, abstinence, and insusceptibility

Percentage of births in the three years preceding the survey for which mothers are postpartum amenorrhoeic, abstaining, and insusceptible, by number of months since birth, and median and mean durations, Lesotho 2004

Months since birth	Percentage of births for which the mother is:			Number of births
	Amenorrhoeic	Abstaining	Insusceptible	
< 2	89.8	97.5	100.0	113
2-3	72.9	88.2	94.8	155
4-5	73.8	77.4	92.5	138
6-7	58.5	58.1	75.2	117
8-9	45.1	59.8	71.7	117
10-11	43.8	53.0	70.4	140
12-13	33.4	46.0	66.3	142
14-15	28.4	37.7	52.1	152
16-17	17.7	30.0	38.2	124
18-19	19.1	28.5	40.3	115
20-21	7.8	28.6	35.2	106
22-23	11.7	17.4	22.9	92
24-25	7.6	17.6	19.4	117
26-27	3.7	19.5	21.6	134
28-29	6.4	12.4	17.3	122
30-31	5.5	3.5	7.4	92
32-33	4.7	9.7	13.6	104
34-35	0.2	9.6	9.8	120
Total	31.1	40.5	49.5	2,201
Median	8.3	11.2	15.2	na
Mean	10.9	14.2	17.2	na

Note: Estimates are based on status at the time of the survey.
na = Not applicable

Thus, the principal determinant of the length of the period of insusceptibility in Lesotho is postpartum abstinence. The median duration of abstinence is 11.2 months; of amenorrhoea, 8.3 months; and insusceptibility, 15.2 months.

Table 6.9 shows the median durations of postpartum amenorrhoea, abstinence, and insusceptibility by background characteristics of the respondents. Older women (age 30 and over) have a slightly longer median period of insusceptibility, mainly because of the longer duration of postpartum amenorrhoea. Variations in the length of postpartum insusceptibility across other background characteristics are not large.

Table 6.9 Median duration of postpartum insusceptibility by background characteristics				
Median number of months of postpartum amenorrhoea, postpartum abstinence, and postpartum insusceptibility following births in the three years preceding the survey, by background characteristics, Lesotho 2004				
Background characteristic	Postpartum amenorrhoea	Postpartum abstinence	Postpartum insusceptibility	Number of births
Mother's age				
15-29	7.8	11.6	14.8	1,480
30-49	12.2	10.2	15.7	722
Residence				
Urban	12.5	7.7	15.0	307
Rural	8.2	11.8	15.2	1,894
Ecological zone				
Lowlands	7.1	11.1	15.3	1,092
Foothills	7.4	9.9	14.0	287
Mountains	9.5	11.4	15.5	673
Senqu River Valley	11.4	12.4	13.7	148
District				
Butha-Buthe	8.5	10.4	13.6	130
Leribe	6.2	6.5	14.0	342
Berea	8.5	13.9	17.5	252
Maseru	7.9	10.5	14.6	439
Mafeteng	7.0	7.2	15.2	218
Mohale's Hoek	10.6	13.4	15.4	224
Quthing	10.9	10.0	13.9	162
Qacha's Nek	7.7	10.6	11.0	87
Mokhotlong	9.1	11.2	17.3	154
Thaba-Tseka	10.7	15.8	16.3	194
Education				
No education	10.2	8.3	11.0	54
Primary, incomplete	9.2	13.2	17.1	673
Primary, complete	9.8	10.3	15.0	694
Secondary+	6.4	10.8	15.0	780
Wealth quintile				
Lowest	10.6	13.6	15.8	451
Second	9.0	11.1	16.6	517
Middle	8.4	10.1	14.9	398
Fourth	7.2	12.6	15.3	469
Highest	5.9	6.0	7.6	366
Total	8.3	11.2	15.2	2,201
Note: Medians are based on current status.				

6.8 TERMINATION OF EXPOSURE TO PREGNANCY

While the onset of infecundity is difficult to determine for an individual woman, there are ways of estimating it for a given population. One indicator of infecundity is the onset of menopause. Menopausal women are defined by the 2004 LDHS as women who are neither pregnant nor postpartum amenorrhoeic, but who have not had a menstrual period in the six months before the survey. The prevalence of menopause increases with age, typically from around age 30. Table 6.10 presents the indicator for women age 30-49, which ranges from 5 percent for women age 30-34 to 46 percent for women age 48-49.

Table 6.10 Menopause		
Percentage of women age 30-49 who are menopausal, by age, Lesotho 2004		
Age	Percentage menopausal ¹	Number of women
30-34	4.5	816
35-39	5.4	728
40-41	4.5	323
42-43	11.2	259
44-45	12.9	288
46-47	23.3	259
48-49	45.9	203
Total	10.8	2,878
¹ Percentage of all women who are not pregnant and not postpartum amenorrhoeic whose last menstrual period occurred six or more months preceding the survey		

The need for contraception is assessed by whether or not respondents want another child, their preferred interval between children, and the number of children they consider ideal. Therefore, in the 2004 LDHS, women and men were asked a series of questions to ascertain fertility preferences. These data are used in this chapter to quantify fertility preferences and, in combination with data on contraceptive use, to permit estimation of unmet need for family planning, both to space and limit births.

7.1 DESIRE FOR MORE CHILDREN

To obtain information on the desire for more children at the time of the survey, women and men in the 2004 LDHS sample were asked, “Would you like to have (a/another) child or would you prefer not to have any (more) children?” Respondents who mentioned that they would like to have more children were asked, “How long would you like to wait from now before the birth of (a/another) child?” Responses to these questions are presented in Table 7.1 by the number of living children for both married women and men.

Table 7.1 Fertility preferences by number of living children								
Percent distribution of currently married women and currently married men by desire for children, according to number of living children, Lesotho 2004								
Desire for children	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
WOMEN								
Have another soon ²	83.0	22.3	15.5	6.3	3.0	6.3	2.9	17.4
Have another later ³	8.4	50.5	31.0	19.7	8.0	7.2	2.7	25.8
Have another, undecided when	2.2	0.6	0.7	0.7	0.4	0.1	0.2	0.6
Undecided	0.2	1.5	0.9	0.4	1.6	1.0	0.2	0.9
Want no more	5.8	23.9	50.0	67.7	79.1	76.9	86.3	51.4
Sterilised ⁴	0.0	0.4	0.9	4.6	6.4	6.0	5.7	2.7
Declared infecund	0.5	0.8	0.6	0.5	1.3	2.5	1.5	0.9
Missing	0.0	0.0	0.4	0.2	0.2	0.0	0.4	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	267	980	822	619	393	282	346	3,709
MEN								
Have another soon ²	65.1	23.2	21.7	19.5	11.6	9.8	6.5	22.2
Have another later ³	27.6	51.3	32.2	17.8	14.5	14.3	5.0	27.4
Have another, undecided when	2.0	1.4	1.2	0.4	3.4	1.0	0.6	1.3
Undecided	1.8	4.0	2.2	1.7	3.6	0.0	1.3	2.4
Want no more	3.1	18.9	42.7	57.6	66.8	73.9	85.4	45.8
Declared infecund	0.0	0.0	0.0	2.6	0.0	0.0	1.2	0.6
Missing	0.4	1.1	0.0	0.3	0.0	0.9	0.0	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	116	267	267	191	120	81	148	1,191

¹ Includes current pregnancy

² Wants next birth within 2 years

³ Wants to delay next birth for 2 or more years

⁴ Includes both female and male sterilisation

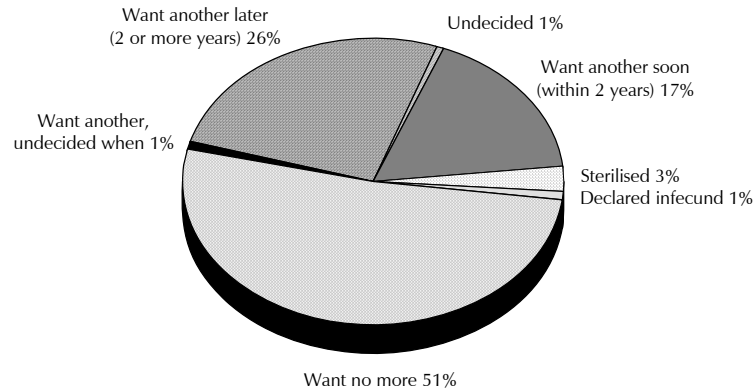
¹ Includes current pregnancy

² Wants next birth within 2 years

³ Wants to delay next birth for 2 or more years

⁴ Includes both female and male sterilisation

Figure 7.1 Fertility Preferences of Currently Married Women Age 15-49



LDHS 2004

More than half of married women (54 percent) either do not want a/nother child or are sterilised. Almost all of the remaining women want another child, with only 1 percent indicating that they are undecided about whether to have a child (Figure 7.1). Among the women wanting a child, the majority—26 percent of all women—want to wait at least two years before having a child. Fertility preferences among married men show a similar pattern, although the percentage of men who do not want any more children is lower (46 percent) than among women (51 percent), and the proportion who would like to have another child is higher (51 percent for men compared with 44 percent for women).

Surprisingly, 6 percent of childless women and 3 percent of men do not want to have any children. About one-fourth of women and one-fifth of men with one living child say they do not want more children. The proportions desiring to limit childbearing continue to increase with family size, peaking among women and men with six or more children at 86 and 85 percent, respectively.

The desire to limit childbearing is shown by background characteristic in Table 7.2. The variation across residential categories shows that married women living in rural areas are almost as likely as urban women to prefer to limit childbearing, though they prefer to do so at higher family sizes than urban women. Variations in the desire for more children by ecological zone and district are also comparatively small for women. The proportions wanting no more children are near or exceed the national average in all zones except Mountains (47 percent) and in all districts except Qacha's Nek (45 percent), Mokhotlong (44 percent), and Thaba-Tseka (46 percent). There is more residential variation observed in the desire to limit childbearing among men than among women. The proportion wanting no more children is lower among urban men (42 percent) than among rural men (47 percent). The proportion also varies more markedly by ecological zone and district among men than women.

Table 7.2 Desire to limit childbearing

Percentage of currently married women and men who want no more children, by number of living children (women) and background characteristics, Lesotho 2004

Background characteristic	Number of living children ¹							All women	All men
	0	1	2	3	4	5	6+		
Residence									
Urban	7.7	28.1	62.4	91.0	90.3	84.2	98.6	54.5	41.9
Rural	5.0	23.0	47.4	67.4	84.8	82.8	91.6	54.0	47.0
Ecological zone									
Lowlands	6.6	27.2	52.9	79.4	89.0	82.8	96.2	56.3	49.3
Foothills	3.4	25.9	50.0	59.0	91.2	96.1	95.7	56.2	43.2
Mountains	6.3	15.7	44.2	59.4	74.9	76.0	82.4	47.1	36.7
Senqu River Valley	0.0	24.8	61.4	72.4	86.7	87.8	100.0	59.7	55.7
District									
Butha-Buthe	8.5	21.0	45.2	69.5	90.8	93.5	100.0	54.0	57.1
Leribe	5.2	21.7	55.2	67.8	76.1	88.6	98.4	53.7	56.2
Berea	0.0	22.9	37.0	81.6	84.5	81.8	96.0	55.0	39.4
Maseru	8.9	30.7	61.0	76.9	94.6	89.0	89.8	57.9	41.0
Mafeteng	5.9	30.0	54.2	80.5	89.6	76.9	94.6	57.8	51.5
Mohale's Hoek	3.3	25.0	50.5	62.8	89.8	83.9	90.7	54.6	51.2
Quthing	7.4	24.9	60.9	69.5	74.8	83.1	91.7	55.2	46.4
Qacha's Nek	2.3	15.4	35.5	68.0	67.3	80.8	80.0	44.6	44.9
Mokhotlong	0.9	12.8	37.5	58.5	68.9	81.0	76.4	43.8	35.0
Thaba-Tseka	6.7	11.0	37.6	65.1	78.6	55.8	89.3	45.5	37.2
Education									
No education	0.0	6.6	58.9	51.3	78.9	60.4	78.0	49.4	40.4
Primary, incomplete	9.9	23.6	39.9	65.7	78.2	79.9	89.6	54.4	53.9
Primary, complete	3.4	21.8	50.4	71.2	87.5	89.1	95.9	55.1	32.8
Secondary+	3.9	27.0	58.8	79.5	91.6	84.3	97.3	53.4	43.6
Wealth quintile									
Lowest	3.4	16.9	45.4	53.7	76.5	81.5	82.4	47.2	37.2
Second	4.5	22.6	47.5	72.3	75.7	73.3	91.5	53.3	46.5
Middle	8.0	21.7	52.8	64.2	89.5	86.3	92.9	53.8	46.5
Fourth	6.7	27.6	42.8	76.0	90.9	84.4	99.8	53.7	43.4
Highest	5.7	27.9	60.5	82.4	90.4	88.0	93.3	59.7	52.3
Total	5.8	24.3	50.9	72.3	85.5	82.9	92.1	54.1	45.8

Note: Women who have been sterilised are considered to want no more children.

¹ Includes current pregnancy

The desire to limit childbearing generally increases with education for women but does not show a clear pattern for men. The differences in the desire to limit childbearing by education are more pronounced among men than among women. For example, the proportion of men who want no more children varies markedly from 33 percent among those who have completed primary education to 54 percent among men who have attended but not completed primary education. A significant difference is observed between women and men who completed primary education (55 percent for women compared with 33 percent for men). The desire to limit childbearing generally increases with increasing wealth index, from 47 percent among women in the lowest wealth quintile to 60 percent among those in the highest quintile.

7.2 NEED FOR FAMILY PLANNING SERVICES

Women who are currently married and who say that either they do not want any more children or that they want to wait two or more years before having another child, but are not using contraception, are considered to have an unmet need for family planning. Women who are using family planning methods are said to have a met need for family planning. Women with unmet need and met need constitute the total demand for family planning. Table 7.3 presents information for currently married women on unmet need, met need, and total demand for family planning, according to whether the need is for spacing or limiting births.

Almost one-third of currently married women in Lesotho have an unmet need for family planning, 11 percent for spacing and 20 percent for limiting childbearing. Taking into account the 37 percent of currently married women using contraceptives, the total demand for family planning comprises two-thirds of married women in Lesotho. Thus, if all women who want to space or limit childbearing were to use family planning methods, the contraceptive prevalence rate in Lesotho could increase from the current level of 37 percent (Chapter 5) to about 68 percent. The data in this table, however, show that only 55 percent of this total demand among married women is satisfied.

Unmet need for spacing declines with age from a peak of 24 percent at age 15-19 to a low of 1 percent at age 45-49, while unmet need for limiting increases with age except for women age 45-49. Unmet need for family planning is higher in rural (34 percent) than urban (20 percent) areas. By ecological zone, it ranges from a low of 25 percent in the Lowlands to a high of 41 percent in the Mountains. Mafeteng district (22 percent) has the lowest level of unmet need and Mokhotlong, the highest level (45 percent). The proportion in need of family planning declines with educational level.

Both total demand for family planning and the proportion of total demand that is satisfied are also associated with demographic and socioeconomic indicators. Demand generally increases with age, reaching a peak of 76 percent in the 30-39 age group. It exceeds 70 percent in the Lowlands and Senqu River Valley zones, Leribe, Butha-Butha, and Mafeteng districts, and among women with secondary education and the highest wealth quintile. The proportion of the total demand that is satisfied is lowest for women age 15-19 (30 percent), women in Mokhotlong (26 percent), and among the small number of women with no education (16 percent).

Table 7.3 Need for family planning among currently married women

Percentage of currently married women with unmet need for family planning, with met need for family planning, and the total demand for family planning, by background characteristics, Lesotho 2004

Background characteristic	Unmet need for family planning ¹			Met need for family planning (currently using) ²			Total demand for family planning ³			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	23.6	11.5	35.1	10.2	4.5	14.7	33.8	16.0	49.8	29.6	293
20-24	20.3	10.9	31.1	21.0	13.1	34.1	41.3	23.9	65.2	52.2	779
25-29	11.8	17.5	29.3	21.0	21.7	42.7	32.8	39.2	71.9	59.3	700
30-34	9.0	17.6	26.6	19.2	30.3	49.5	28.2	47.9	76.1	65.1	593
35-39	5.6	28.0	33.6	8.1	34.4	42.5	13.7	62.4	76.1	55.9	484
40-44	3.0	32.6	35.5	3.5	33.6	37.1	6.5	66.2	72.7	51.1	478
45-49	0.5	27.5	28.0	0.8	25.3	26.1	1.2	52.8	54.1	48.2	383
Residence											
Urban	5.2	14.3	19.6	17.1	32.8	49.9	22.4	47.2	69.5	71.9	738
Rural	12.4	21.4	33.8	13.0	21.1	34.2	25.4	42.6	67.9	50.3	2,970
Ecological zone											
Lowlands	7.6	17.7	25.3	17.0	28.7	45.7	24.6	46.4	71.0	64.4	2,132
Foothills	11.8	22.4	34.2	11.0	20.6	31.6	22.8	43.0	65.8	48.0	456
Mountains	17.9	23.1	41.0	9.0	12.6	21.5	26.8	35.7	62.5	34.4	929
Senqu River Valley	12.2	25.0	37.2	9.2	24.7	33.9	21.4	49.7	71.1	47.7	191
District											
Butha-Buthe	9.2	15.5	24.8	18.5	26.9	45.4	27.7	42.4	70.1	64.7	250
Leribe	11.3	19.7	31.0	18.5	24.0	42.5	29.8	43.7	73.5	57.8	579
Berea	13.3	20.6	33.9	12.6	21.6	34.2	25.8	42.3	68.1	50.2	419
Maseru	6.3	20.6	27.0	13.4	26.8	40.2	19.7	47.4	67.1	59.9	903
Mafeteng	6.6	15.1	21.7	17.3	32.1	49.4	24.0	47.1	71.1	69.4	414
Mohale's Hoek	9.4	19.5	28.9	15.2	24.3	39.5	24.6	43.8	68.4	57.7	349
Quthing	12.7	26.2	38.9	7.8	21.2	29.0	20.4	47.4	67.8	42.7	215
Qacha's Nek	18.6	19.3	37.8	6.3	17.0	23.2	24.8	36.2	61.0	38.0	119
Mokhotlong	22.0	23.1	45.1	6.7	8.7	15.4	28.7	31.8	60.5	25.5	203
Thaba-Tseka	19.4	22.9	42.4	9.1	12.0	21.1	28.5	34.9	63.5	33.2	257
Education											
No education	17.8	29.5	47.3	3.3	6.0	9.3	21.1	35.5	56.6	16.4	86
Primary, incomplete	12.8	23.3	36.1	9.6	17.2	26.8	22.4	40.5	63.0	42.6	1,154
Primary, complete	11.4	20.1	31.5	13.0	23.3	36.3	24.4	43.4	67.8	53.5	1,150
Secondary+	8.4	16.4	24.8	18.9	30.3	49.2	27.4	46.6	74.0	66.5	1,319
Wealth quintile											
Lowest	18.7	24.7	43.4	7.5	10.1	17.6	26.2	34.8	61.0	28.8	574
Second	15.5	24.1	39.5	10.1	16.1	26.2	25.5	40.2	65.7	39.9	709
Middle	9.6	20.8	30.4	16.7	20.9	37.6	26.2	41.7	68.0	55.3	648
Fourth	10.3	18.0	28.2	14.5	26.4	41.0	24.8	44.4	69.2	59.2	854
Highest	4.2	15.3	19.4	18.0	36.5	54.5	22.2	51.7	73.9	73.7	923
Total	10.9	20.0	30.9	13.8	23.5	37.3	24.8	43.5	68.2	54.7	3,709

¹ Unmet need for spacing includes pregnant women whose pregnancy was mistimed, amenorrhoeic women who are not using family planning and whose last birth was mistimed, and fecund women who are neither pregnant nor amenorrhoeic and who are not using any method of family planning and say they want to wait two or more years for their next birth. Also included in unmet need for spacing are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child but are unsure when to have the birth unless they say it would not be a problem if they discovered they were pregnant in the next few weeks. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted, amenorrhoeic women whose last child was unwanted, and fecund women who are neither pregnant nor amenorrhoeic and who are not using any method of family planning and who want no more children. Excluded from the unmet need category are pregnant and amenorrhoeic women who became pregnant while using a method (these women are in need of a better method of contraception).

² Using for spacing is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another. Using for limiting is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here.

³ Nonusers who are pregnant or amenorrhoeic and women whose pregnancy was the result of a contraceptive failure are not included in the category of unmet need, but are included in total demand for contraception (since they would have been using had their method not failed).

Tables 7.4.1 and 7.4.2 present information for all women and women who are not currently married on unmet need, met need, and total demand for family planning, according to whether the need is for spacing or limiting births.

Eighteen percent of all women in Lesotho have an unmet need for family planning, 6 percent for spacing and 12 percent for limiting childbearing. The data also show 47 percent of all women in Lesotho have a demand for family planning. However, only 61 percent of this total demand is satisfied. The unmet need for spacing declines with age from a peak of 12 percent at age 20-24 to a low of less than 1 percent at age 45-49, while unmet need for limiting generally increases with age. Unmet need for family planning is higher in rural (21 percent) than urban (10 percent) areas. By ecological zone, it ranges from a low of 15 percent in the Lowlands to a high of 26 percent in the Mountains. Mafeteng district (14 percent) has the lowest level of unmet need and Mokhotlong the highest level (29 percent). Unmet need for family planning decreases with increasing educational attainment and wealth index.

Both the total demand for family planning and the proportion of the total demand that is satisfied also are associated with demographic and socioeconomic indicators. Demand generally increases with age, reaching a peak of 68 percent in the 30-34 age group. Demand for family planning does not vary significantly by ecological zone and district. However, it is correlated with education and wealth status: demand increases with education and increasing wealth.

Among women who are not currently married, 4 percent have an unmet need for family planning, 82 percent have a met need for family planning, and the total demand for family planning is 24 percent. Variations by background characteristics show patterns that are similar to those for all women.

Table 7.4.1 Need for family planning among all women

Percentage of all women with unmet need for family planning, with met need for family planning, and the total demand for family planning, by background characteristics, Lesotho 2004

Background characteristic	Unmet need for family planning ¹			Met need for family planning (currently using) ²			Total demand for family planning ³			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	5.3	2.5	7.8	6.4	2.5	8.9	11.7	5.0	16.7	53.3	1,710
20-24	11.5	6.6	18.1	17.5	12.1	29.5	29.0	18.7	47.6	62.0	1,463
25-29	8.4	12.9	21.3	19.6	22.6	42.2	28.0	35.5	63.5	66.4	1,044
30-34	7.0	14.4	21.4	16.5	29.9	46.4	23.5	44.4	67.9	68.4	816
35-39	4.0	21.0	25.0	7.0	31.5	38.5	11.0	52.5	63.5	60.7	728
40-44	2.1	24.3	26.5	2.6	30.0	32.6	4.7	54.3	59.1	55.2	741
45-49	0.3	20.1	20.4	0.5	21.8	22.3	0.8	41.9	42.7	52.2	592
Residence											
Urban	2.7	7.4	10.1	15.6	23.6	39.2	18.3	31.0	49.3	79.5	1,682
Rural	7.5	13.3	20.8	9.5	16.3	25.8	17.0	29.6	46.6	55.4	5,413
Ecological zone											
Lowlands	4.4	10.2	14.6	12.9	21.3	34.2	17.4	31.5	48.8	70.1	4,299
Foothills	7.2	14.6	21.8	7.6	15.4	23.0	14.8	29.9	44.8	51.3	787
Mountains	11.3	14.9	26.2	7.3	11.0	18.3	18.6	25.9	44.5	41.1	1,572
Senqu River Valley	5.9	13.3	19.2	10.7	16.0	26.8	16.7	29.3	46.0	58.3	437
District											
Butha-Buthe	5.9	9.4	15.3	11.8	19.4	31.1	17.7	28.7	46.4	67.0	458
Leribe	7.0	11.7	18.6	12.8	17.3	30.1	19.8	28.9	48.7	61.8	1,065
Berea	7.5	12.2	19.7	9.4	16.0	25.4	16.8	28.2	45.1	56.3	776
Maseru	3.5	11.8	15.3	12.1	21.0	33.1	15.6	32.8	48.4	68.5	1,868
Mafeteng	4.2	10.2	14.4	12.9	24.5	37.4	17.1	34.6	51.8	72.2	755
Mohale's Hoek	6.0	11.0	17.0	11.4	19.2	30.6	17.4	30.2	47.6	64.3	684
Quthing	6.7	14.2	21.0	9.7	14.5	24.2	16.4	28.7	45.2	53.6	461
Qacha's Nek	10.0	10.7	20.7	9.3	15.0	24.4	19.3	25.8	45.1	54.1	233
Mokhotlong	13.5	15.1	28.6	4.4	7.7	12.1	17.9	22.8	40.7	29.7	360
Thaba-Tseka	11.7	14.9	26.6	7.0	10.4	17.4	18.7	25.3	43.9	39.5	435
Education											
No education	12.0	21.7	33.7	3.6	5.7	9.3	15.6	27.4	42.9	21.6	145
Primary, incomplete	7.8	14.1	21.9	6.9	13.4	20.3	14.7	27.5	42.2	48.1	2,136
Primary, complete	7.1	13.4	20.4	9.8	19.5	29.2	16.8	32.8	49.7	58.9	1,960
Secondary+	4.5	8.7	13.2	15.2	21.2	36.4	19.7	29.9	49.6	73.3	2,854
Wealth quintile											
Lowest	11.3	16.7	28.1	5.9	9.2	15.0	17.2	25.9	43.1	34.9	987
Second	9.4	14.6	24.0	7.2	13.1	20.4	16.6	27.7	44.4	45.9	1,294
Middle	6.1	12.3	18.4	10.8	15.6	26.4	16.9	27.9	44.8	59.0	1,258
Fourth	5.9	10.9	16.8	11.8	20.5	32.3	17.7	31.3	49.1	65.7	1,595
Highest	2.3	8.3	10.6	15.4	25.3	40.7	17.8	33.6	51.3	79.4	1,962
Total	6.3	11.9	18.2	11.0	18.0	29.0	17.3	29.9	47.3	61.4	7,095

¹ Unmet need for spacing includes pregnant women whose pregnancy was mistimed, amenorrhoeic women who are not using family planning and whose last birth was mistimed, and fecund women who are neither pregnant nor amenorrhoeic and who are not using any method of family planning and say they want to wait two or more years for their next birth. Also included in unmet need for spacing are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child but are unsure when to have the birth unless they say it would not be a problem if they discovered they were pregnant in the next few weeks. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted, amenorrhoeic women whose last child was unwanted, and fecund women who are neither pregnant nor amenorrhoeic and who are not using any method of family planning and who want no more children. Excluded from the unmet need category are pregnant and amenorrhoeic women who became pregnant while using a method (these women are in need of a better method of contraception). Also excluded from the unmet need category for the all women panel are unmarried women who did not have sexual intercourse in the four weeks preceding the survey.

² Using for spacing is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another. Using for limiting is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here.

³ Nonusers who are pregnant or amenorrhoeic and women whose pregnancy was the result of a contraceptive failure are not included in the category of unmet need, but are included in total demand for contraception (since they would have been using had their method not failed).

Table 7.4.2 Need for family planning among women who are not currently married

Percentage of women who are not currently married with unmet need for family planning, with met need for family planning, and the total demand for family planning, by background characteristics, Lesotho 2004

Background characteristic	Unmet need for family planning ¹			Met need for family planning (currently using) ²			Total demand for family planning ³			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	1.6	0.6	2.2	5.6	2.1	7.7	7.2	2.7	9.9	78.0	1,417
20-24	1.5	1.7	3.2	13.5	10.9	24.4	15.0	12.6	27.6	88.2	684
25-29	1.4	3.7	5.1	16.8	24.4	41.1	18.2	28.1	46.2	88.9	344
30-34	1.9	6.0	7.9	9.4	29.0	38.3	11.3	35.0	46.2	82.9	224
35-39	0.7	7.1	7.9	4.9	25.7	30.6	5.7	32.8	38.5	79.6	244
40-44	0.6	9.4	10.0	1.0	23.5	24.5	1.6	32.8	34.4	71.0	264
45-49	0.0	6.6	6.6	0.0	15.4	15.4	0.0	22.0	22.0	70.0	209
Residence											
Urban	0.7	2.0	2.7	14.4	16.4	30.8	15.1	18.3	33.4	92.1	944
Rural	1.6	3.4	5.0	5.3	10.4	15.7	6.9	13.9	20.7	75.8	2,442
Ecological zone											
Lowlands	1.3	2.8	4.1	9.0	14.0	23.0	10.2	16.8	27.1	85.0	2,167
Foothills	0.9	3.8	4.7	2.9	8.2	11.1	3.8	12.0	15.8	70.0	331
Mountains	1.7	3.1	4.9	5.0	8.6	13.6	6.8	11.8	18.5	73.7	643
Senqu River Valley	1.0	4.0	5.1	11.9	9.3	21.2	13.0	13.3	26.3	80.6	245
District											
Butha-Buthe	1.9	2.0	4.0	3.7	10.3	14.0	5.6	12.4	18.0	77.9	208
Leribe	1.8	2.1	3.8	6.1	9.2	15.3	7.9	11.3	19.2	79.9	486
Berea	0.7	2.3	3.0	5.6	9.5	15.1	6.3	11.8	18.1	83.4	357
Maseru	0.8	3.5	4.3	11.0	15.6	26.5	11.8	19.1	30.9	86.0	965
Mafeteng	1.3	4.2	5.5	7.5	15.2	22.7	8.8	19.4	28.2	80.6	340
Mohale's Hoek	2.4	2.1	4.5	7.5	13.9	21.4	9.9	16.0	25.9	82.6	335
Quthing	1.6	3.8	5.4	11.3	8.7	20.0	12.9	12.5	25.4	78.8	246
Qacha's Nek	1.0	1.9	2.8	12.5	13.0	25.6	13.5	14.9	28.4	90.0	114
Mokhotlong	2.3	4.8	7.1	1.4	6.3	7.7	3.8	11.1	14.9	52.0	156
Thaba-Tseka	0.6	3.2	3.8	3.9	8.2	12.0	4.5	11.3	15.8	76.1	178
Education											
No education	3.4	10.4	13.8	4.1	5.1	9.2	7.5	15.6	23.0	39.9	59
Primary, incomplete	1.9	3.3	5.2	3.7	9.0	12.6	5.6	12.3	17.9	70.7	982
Primary, complete	0.9	3.8	4.7	5.2	14.0	19.2	6.1	17.8	24.0	80.3	810
Secondary+	1.1	2.1	3.3	12.0	13.4	25.4	13.1	15.5	28.6	88.6	1,534
Wealth quintile											
Lowest	1.0	5.7	6.7	3.6	7.9	11.5	4.6	13.5	18.2	63.2	412
Second	2.1	3.1	5.2	3.8	9.5	13.3	5.8	12.6	18.4	72.0	585
Middle	2.3	3.3	5.6	4.6	10.0	14.6	7.0	13.3	20.3	72.2	610
Fourth	0.9	2.7	3.6	8.7	13.5	22.2	9.6	16.2	25.8	86.0	741
Highest	0.7	2.0	2.8	13.1	15.4	28.5	13.8	17.4	31.2	91.2	1,038
Total	1.3	3.0	4.4	7.8	12.1	19.9	9.2	15.1	24.3	82.0	3,386

¹ Unmet need for spacing includes pregnant women whose pregnancy was mistimed, amenorrhoeic women who are not using family planning and whose last birth was mistimed, and fecund women who are neither pregnant nor amenorrhoeic and who are not using any method of family planning and say they want to wait two or more years for their next birth. Also included in unmet need for spacing are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child but are unsure when to have the birth unless they say it would not be a problem if they discovered they were pregnant in the next few weeks. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted, amenorrhoeic women whose last child was unwanted, and fecund women who are neither pregnant nor amenorrhoeic and who are not using any method of family planning and who want no more children. Excluded from the unmet need category are pregnant and amenorrhoeic women who became pregnant while using a method (these women are in need of a better method of contraception). Also excluded from the unmet need category for the all women panel are unmarried women who did not have sexual intercourse in the four weeks preceding the survey.

² Using for spacing is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another. Using for limiting is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here.

³ Nonusers who are pregnant or amenorrhoeic and women whose pregnancy was the result of a contraceptive failure are not included in the category of unmet need, but are included in total demand for contraception (since they would have been using had their method not failed).

7.3 IDEAL FAMILY SIZE

Women and men who were interviewed in the 2004 LDHS were asked two questions for determining ideal family size. Respondents who did not have any living children were asked, “If you could choose exactly the number of children to have in your lifetime, how many would that be?” For respondents who had living children, the question was rephrased as follows, “If you could go back to the time you did not have any children and could choose exactly the number of children to have in your lifetime, how many would that be?” The results are presented in Table 7.5 for both women and men.

Table 7.5 Ideal number of children								
Percent distribution of all women and all men by ideal number of children, and mean ideal number of children for all women and all men and for currently married women and currently married men, according to number of living children, Lesotho 2004								
Desire for children	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
WOMEN								
0	7.1	1.4	0.8	0.5	2.1	1.5	2.4	3.1
1	10.8	13.3	5.5	4.3	2.9	1.8	1.5	8.0
2	48.3	36.8	29.1	22.3	24.3	19.7	11.0	33.9
3	20.3	25.9	19.9	18.6	11.6	15.6	15.6	20.0
4	9.1	15.5	33.5	35.4	34.0	31.2	36.1	22.3
5	2.9	3.4	5.3	8.9	7.0	11.4	8.0	5.2
6+	1.4	3.4	5.5	9.7	17.6	18.0	24.4	7.1
Non-numeric responses	0.2	0.3	0.4	0.2	0.6	0.8	1.1	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	2,210	1,526	1,147	842	532	392	447	7,095
Mean ideal number children for: ²								
All women	2.3	2.7	3.2	3.5	3.8	4.1	4.3	3.0
Number	2,206	1,521	1,142	840	529	389	442	7,069
Currently married women	3.1	2.9	3.4	3.6	3.8	4.2	4.3	3.5
Number	267	980	820	617	392	282	344	3,701
MEN								
0	3.1	0.0	0.8	0.0	0.0	1.7	0.0	1.9
1	4.6	8.1	1.4	2.1	0.0	1.9	1.7	3.9
2	33.3	31.2	25.2	12.5	13.3	11.0	5.3	27.3
3	24.2	25.4	16.4	20.0	6.5	9.1	12.1	21.1
4	19.8	16.3	35.9	33.8	31.4	7.2	19.7	22.5
5	10.0	9.2	12.0	11.7	15.2	17.4	12.6	10.9
6+	4.7	9.0	6.9	18.3	32.5	49.4	46.0	11.6
Non-numeric responses	0.4	0.7	1.6	1.5	0.9	2.3	2.6	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	1,561	321	313	213	146	86	156	2,797
Mean ideal number children for: ²								
All men	3.1	3.3	3.7	4.2	5.0	5.4	5.9	3.6
Number	1,556	319	308	210	144	84	152	2,773
Currently married men	3.3	3.3	3.5	4.2	4.8	5.3	5.9	4.1
Number	116	266	263	189	120	79	144	1,178
¹ Includes current pregnancy								
² Means are calculated excluding those giving non-numeric responses								

Almost all women and men gave a numeric response: and less than 1 percent of women and men failed to give a numeric response. Among women, the mean ideal family size is 3.0 children. The average ideal family size as reported by men (3.6 children) is higher than for women.

The ideal number of children increases with the number of living children. Women with six or more living children have an ideal family size of 4.3, compared with 2.3 for those with no children. Among men, ideal family size ranges from 3.1 for those without a child to 5.9 for men with six or more living children. This pattern could be attributed to either those with smaller family sizes tending to achieve these desired small families or to “adjustments” of ideal number of children as the actual number increased (rationalisation). However, despite the likelihood of rationalisation, considerable proportions of women and men report ideal family sizes that are smaller than their actual family sizes. For example, around three-quarters of women and half of men with six or more living children report ideal family sizes of less than six children.

Table 7.6 presents data on the mean ideal number of children for all women and men, by age (for women) and background characteristics. The ideal family size for women increases with age, from 2.3 children for women age 15-19 to 4.2 children for women age 45-49. Among both men and women, ideal family size is higher in rural areas than urban areas. It is highest in the Mountains zone among both women and men and in Thaba-Tseka district for women and Mokhotlong district for men. Ideal family size decreases with increasing level of education for both women and men. For example, for women it ranges from 4.2 children among those with no education to 2.6 children among women with secondary or higher education. The mean ideal number of children also decreases with an increase in the wealth index for both men and women.

Table 7.6 Mean ideal number of children by background characteristics									
Mean ideal number of children for all women, by age (women) and background characteristics, Lesotho 2004									
Background characteristic	Age							All women	All men
	15-19	20-24	25-29	30-34	35-39	40-44	45-49		
Residence									
Urban	2.0	2.2	2.3	2.7	2.7	3.5	3.7	2.5	2.9
Rural	2.3	2.8	3.1	3.4	3.8	4.1	4.4	3.2	3.8
Ecological zone									
Lowlands	2.2	2.4	2.6	3.0	3.3	3.9	4.0	2.9	3.3
Foothills	2.5	3.0	3.3	3.3	3.6	3.7	4.4	3.2	3.9
Mountains	2.4	3.1	3.3	3.8	4.0	4.6	4.9	3.4	4.2
Senqu River Valley	2.1	2.5	2.8	3.1	3.4	3.6	4.0	2.8	3.7
District									
Butha-Buthe	2.3	2.7	2.7	3.1	3.7	4.1	3.9	3.0	3.6
Leribe	2.5	2.8	3.1	3.2	3.6	4.0	4.8	3.2	3.7
Berea	2.5	2.7	2.7	3.5	3.4	4.2	4.0	3.1	3.7
Maseru	2.2	2.4	2.5	2.9	3.1	3.5	4.0	2.8	3.2
Mafeteng	2.1	2.5	2.9	3.0	3.4	4.0	4.1	2.9	3.4
Mohale's Hoek	2.1	2.6	3.1	3.2	3.7	4.1	4.1	3.0	3.6
Quthing	2.2	2.4	3.0	3.4	3.3	3.7	4.3	2.9	3.8
Qacha's Nek	2.6	3.0	3.3	3.8	3.8	4.5	4.8	3.4	3.8
Mokhotlong	2.3	3.2	3.1	3.8	4.3	4.5	4.1	3.4	4.3
Thaba-Tseka	2.4	3.3	3.3	3.6	4.1	4.7	5.2	3.5	4.1
Education									
No education	2.4	3.3	3.9	4.1	4.5	4.6	4.8	4.2	4.8
Primary, incomplete	2.3	3.0	3.4	3.7	3.8	4.3	4.6	3.4	3.7
Primary, complete	2.4	2.9	3.0	3.3	3.6	4.0	3.9	3.1	3.1
Secondary+	2.2	2.4	2.4	2.8	3.2	3.5	3.5	2.6	2.9
Wealth quintile									
Lowest	2.5	3.2	3.5	3.7	4.3	4.5	4.9	3.5	4.5
Second	2.3	3.0	3.2	3.5	4.0	4.1	4.7	3.3	3.9
Middle	2.3	2.6	2.9	3.2	3.4	4.3	4.5	3.0	3.6
Fourth	2.3	2.6	2.7	3.3	3.4	4.2	4.1	3.0	3.3
Highest	2.1	2.2	2.4	2.8	3.1	3.3	3.5	2.6	3.0
Total	2.3	2.7	2.8	3.2	3.5	4.0	4.2	3.0	3.6

7.4 WANTED AND UNWANTED FERTILITY

Interviewers asked women a series of questions regarding children born in the five years preceding the survey date and any current pregnancy to determine whether each birth/pregnancy was wanted then, wanted later, or unwanted. These questions provide a powerful indicator of the degree to which couples successfully control fertility. The data can also be used to gauge the effect of the prevention of unwanted births on fertility rates. Table 7.7 shows the percent distribution of births in the five years preceding the survey by whether the birth was wanted by the mother then, wanted later, or not wanted at all.

The data indicate that 38 percent of births in Lesotho are unwanted and 12 percent are mistimed (wanted later). The percentage of births considered to have been unwanted is highest for births of order four and above (51 percent). Similarly, a larger proportion of births to older women are reported as unwanted compared with births to young women. Notably, 41 percent of births to women under age 20 are unwanted.

Table 7.7 Fertility planning status						
Percent distribution of births in the five years preceding the survey (including current pregnancies), by fertility planning status, according to birth order and mother's age at birth, Lesotho 2004						
Birth order and mother's age at birth	Planning status of birth				Total	Number of births
	Wanted then	Wanted later	Wanted no more	Missing		
Birth order						
1	58.8	6.6	34.2	0.4	100.0	1,392
2	53.6	16.7	28.8	0.9	100.0	913
3	47.3	14.9	37.1	0.6	100.0	589
4+	35.5	12.1	51.1	1.4	100.0	1,106
Age at birth						
<20	50.1	8.4	41.0	0.6	100.0	815
20-24	54.2	13.9	31.0	0.8	100.0	1,217
25-29	53.4	12.5	33.3	0.7	100.0	807
30-34	46.7	12.5	40.2	0.5	100.0	550
35-39	38.6	9.6	50.9	0.9	100.0	406
40-44	30.2	10.0	56.7	3.1	100.0	186
45-49	*	*	*	*	*	21
Total	49.5	11.6	38.1	0.8	100.0	4,001
Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.						

Table 7.8 presents wanted fertility rates. These rates are calculated in the same manner as the total fertility rate, but unwanted births are excluded from the numerator. For this purpose, unwanted births are defined as those that exceed the number considered ideal by the respondent. Women who did not report a numeric ideal family size were assumed to want all of their births. These rates represent the level of fertility that would have prevailed in the three years preceding the survey if all unwanted births had been prevented. A comparison of the total wanted fertility rate and the actual total fertility rate suggests the potential demographic effects of the elimination of unwanted births.

The total wanted fertility rate for Lesotho is 2.5. This rate is one child less than the actual fertility rate (3.5). Considering the variation by socioeconomic characteristics, the gap between the wanted and actual fertility rate is greatest for the Foothills and Senqu River Valley zones and Thaba-Tseka district. The gap is also considerable among women in the two lowest wealth quintiles.

Table 7.8 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by background characteristics, Lesotho 2004

Background characteristic	Total wanted fertility rate	Total fertility rate
Residence		
Urban	1.4	1.9
Rural	2.9	4.1
Ecological zone		
Lowlands	2.0	2.9
Foothills	2.9	4.3
Mountains	3.6	4.9
Senqu River Valley	2.6	4.0
District		
Butha-Buthe	2.4	3.4
Leribe	2.5	3.6
Berea	2.7	3.9
Maseru	1.8	2.5
Mafeteng	2.3	3.3
Mohale's Hoek	2.9	4.0
Quthing	2.8	4.1
Qacha's Nek	3.5	4.4
Mokhotlong	3.4	4.6
Thaba-Tseka	3.7	5.1
Education		
No education	*	*
Primary, incomplete	2.9	4.2
Primary, complete	2.8	3.9
Secondary+	2.0	2.8
Wealth quintile		
Lowest	3.7	5.2
Second	3.0	4.5
Middle	2.4	3.8
Fourth	2.6	3.4
Highest	1.5	2.0
Total	2.5	3.5

Note: Rates are calculated based on births to women age 15-49 in the period 1-36 months preceding the survey. The total fertility rates are the same as those presented in Table 4.2. An asterisk indicates that a figure is based on fewer than 250 woman-years of exposure and has been suppressed.

7.5 IDEAL FAMILY SIZE AND UNMET NEED BY WOMEN'S STATUS

The ability of women to make household decisions has important implications on their fertility preferences and the practise of family planning. Table 7.9 shows the ideal family size and unmet need for family planning by selected indicators of women's status. The table shows that generally, ideal family size and unmet need are related to a woman's status. For example, mean ideal family size generally declines with both the number of decisions in which the respondent has a final say and the number of reasons with which the respondent agrees that a wife can refuse sex with her husband. Also, women who think that wife beating is not justified for any reason have a mean ideal family size of 3.3, compared with 3.8 for women who gave 5 or 6 reasons why beating a wife is justified.

Unmet need is typically higher for women who score lowest on the status indicators. More than one-third of women who participate in none or only 1-2 household decisions are in need of family planning compared with about one-fourth of women who participate in 5 decisions.

Table 7.9 Ideal number of children and unmet need by women's status						
Mean ideal number of children and unmet need for spacing and limiting, by women's status indicators, Lesotho 2004						
Women's status indicator	Mean ideal number of children	Number	Unmet need for family planning ²			Number of women
			For spacing	For limiting	Total	
Number of decisions in which woman has final say³						
0	3.4	244	17.5	17.5	35.0	244
1-2	3.7	886	13.8	24.0	37.8	888
3-4	3.5	1,553	11.5	19.3	30.8	1,555
5	3.2	1,019	6.1	18.2	24.2	1,022
Number of reasons to refuse sex with husband						
0	3.8	196	6.3	21.3	27.6	196
1-2	3.7	596	13.3	20.1	33.4	596
3-4	3.4	2,908	10.8	19.9	30.6	2,916
Number of reasons wife beating is justified						
0	3.3	1,890	8.6	19.7	28.4	1,894
1-2	3.5	858	13.4	20.8	34.2	859
3-4	3.6	694	12.6	19.6	32.2	696
5-6	3.8	259	14.8	20.6	35.4	259
Total	3.5	3,701	10.9	20.0	30.9	3,709
¹ Totals are calculated excluding the women giving non-numeric responses ² See Table 7.3 for definition of unmet need for family planning ³ Either by herself or jointly with others						

INFANT AND CHILD MORTALITY

This chapter presents information on levels, trends, and differentials in neonatal, postneonatal, infant, and child mortality. The information is critical for assessment of population and health policies and programmes. Estimates of infant and child mortality are required as an input into population projections, particularly if the level of adult mortality is known from another source or can be inferred with reasonable confidence. Information on mortality of children also serves the needs of health ministries by identifying sectors of the population that are at high risk. Infant and child mortality rates are also regarded as indices reflecting the degree of poverty and deprivation of a population.

The primary causes of childhood mortality change as children grow older, from factors related mostly to biological conditions to factors related mostly to their environment. After the neonatal period, postneonatal and child mortality are attributed mainly to childhood diseases and accidents. In this chapter, age-specific mortality rates are defined as follows:

Neonatal mortality:	the probability of dying within the first month of life
Postneonatal mortality:	the difference between infant and neonatal mortality
Infant mortality:	the probability of dying before the first birthday
Child mortality:	the probability of dying between the first and fifth birthdays
Under-five mortality:	the probability of dying before the fifth birthday.

All rates are expressed per 1,000 live births, except for child mortality, which is expressed per 1,000 children surviving to 12 months of age.

The data for mortality estimates were collected in the birth history section of the Women's Questionnaire. The section begins with questions about the aggregate childbearing experience of respondents (i.e., the number of sons and daughters who live with the respondent, those who live elsewhere, and the number who have died). For each of the births, more detailed information was collected on the sex, the month and year of birth, survivorship status, and current age if the child was alive, or age at death if the child had died.

The quality of mortality estimates calculated from retrospective birth histories depends upon the completeness with which births and deaths are reported and recorded. Potentially the most serious data quality problem is the selective omission from the birth histories of births who did not survive, which can lead to underestimation of mortality rates. Other potential problems include displacement of birth dates, which may cause a distortion of mortality trends, and misreporting of the age at death, which may distort the age pattern of mortality. When selective omission of childhood deaths occurs, it is usually most severe for deaths in early infancy. If early neonatal deaths are selectively underreported, the result is an unusually low ratio of deaths occurring within seven days to all neonatal deaths, and an unusually low ratio of neonatal to infant deaths. Underreporting of early infant deaths is most commonly observed for births that occurred long before the survey, hence it is useful to examine the ratios over time.

An examination of the ratios (see Appendix Tables C.5 and C.6) shows that no significant number of early infant deaths was omitted in the 2004 LDHS. The proportion of neonatal deaths occurring in the first week of life is 84 percent. The proportions of early neonatal deaths have remained stable over the 20 years preceding the survey (between 77 and 86 percent). The proportions of infant deaths that occur during the first month of life are also roughly constant over the 20 years preceding the survey (varying between 52 and 58 percent). This inspection of the mortality data reveals no evidence of selective

underreporting or misreporting of age at death that would significantly compromise the quality of the LDHS rates of childhood mortality.

8.1 LEVELS AND TRENDS IN INFANT AND CHILD MORTALITY

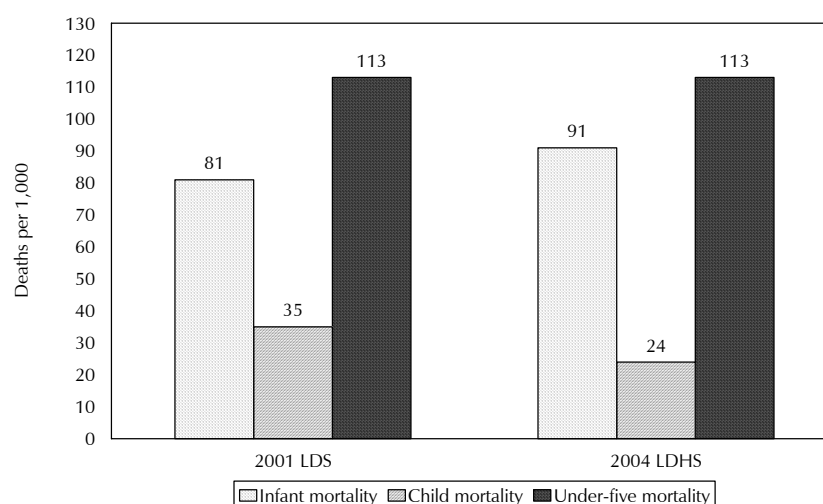
Table 8.1 shows the variation in neonatal, postneonatal, infant, child, and under-five mortality rates for three successive five-year periods preceding the survey. The use of rates for five-year periods conceals any year-to-year fluctuations in early childhood mortality. For the most recent five-year period preceding the survey, infant mortality is 91 deaths per 1,000 live births, and under-five mortality is 113 deaths per 1,000 live births. This means that about one in every nine children born in Lesotho dies before attaining his or her fifth birthday. The pattern shows that deaths occurring during the neonatal period and the postneonatal period each account for 41 percent of all deaths under the age of five years.

Table 8.1 Early childhood mortality rates					
Neonatal, postneonatal, infant, child, and under-five mortality rates for five-year periods preceding the survey, Lesotho 2004					
Years preceding the survey	Neonatal mortality (NN)	Postneonatal mortality (PNN) ¹	Infant mortality (₁ q ₀)	Child mortality (₄ q ₁)	Under-five mortality (₅ q ₀)
0-4	46	46	91	24	113
5-9	44	31	75	16	90
10-14	40	32	72	15	86
¹ Computed as the difference between the infant and neonatal mortality rates					

Table 8.1 shows an upward trend in the early childhood mortality rates over time. For example, the infant mortality rate increased from 75 deaths per 1,000 live births in the 5-9 year period preceding the survey (approximately 1995-1999) to 91 deaths per 1,000 live births during the 2000-2004 period. Under-five mortality has increased from 90 to 113 deaths per 1,000 live births over the same time period. The increase may be a result of several factors, including 1) the effect of the AIDS epidemic in Lesotho, and 2) the tendency of mothers to underreport child deaths, particularly those that happened several years ago.

The under-five mortality rate estimated by the 2001 Lesotho Demographic Survey (LDS) is 113 deaths per 1,000 live births, virtually identical to the estimate of the 2004 LDHS (Figure 8.1). The 2001 LDS estimated an infant mortality rate of 81 deaths per 1,000 live births, lower than the 2004 LDHS estimate of 91 deaths per 1,000 live births. The child mortality estimate in the 2001 LDS was 35 deaths per 1,000 births, higher than the 2004 LDHS estimate of 24 deaths per 1,000 live births. Note that the 2001 LDS estimated childhood mortality rates for the two- to eight-year period preceding the survey. The apparent shift in the 2001-2004 period as demonstrated by the two surveys—the increase in infant mortality and the decrease in child mortality—probably signifies the effect of HIV and AIDS and may indicate that a significant number of children affected by HIV do not survive the first year of life.

Figure 8.1 Trends in Infant, Child, and Under-five Mortality, 2001 LDS and 2004 LDHS



In interpreting the mortality data, it is useful to keep in mind that sampling errors are quite large. For example, the 95 percent confidence intervals for the under-five mortality estimate of 113 deaths per 1,000 live births are 101 and 125 per 1,000 live births (Appendix B), indicating that, given the sample size of the 2004 LDHS, the true value may be 12 points higher or lower than the estimated rate of 113 per 1,000.

8.2 SOCIOECONOMIC DIFFERENTIALS IN INFANT AND CHILD MORTALITY

Mortality differentials by place of residence, ecological zone, district, educational level of the mother, and wealth index are presented in Table 8.2 and Figure 8.2. For a sufficient number of births to study mortality differentials across population subgroups, period-specific rates are presented for the ten-year period preceding the survey (late 1994 to late 2004).

Differentials by place of residence show that the under-five mortality rate is 18 percent higher in rural areas than in urban areas (105 and 87 deaths per 1,000 live births, respectively). The rates by ecological zones and districts display considerable differentials. Except for postneonatal mortality, all childhood mortality indicators are highest in the Mountains and lowest in the Lowlands. Among districts, Thaba-Tseka and Mohale's Hoek have the highest level of under-five mortality, and Mafeteng and Maseru have the lowest. Infant mortality is highest in Thaba-Tseka (119 deaths per 1,000 live births), followed by Mohale's Hoek (101 per 1,000 live births), and it is lowest in Mafeteng (57 per 1,000 live births).

This implies that a child born in Thaba-Tseka is about twice as likely as a child born in Mafeteng to die before celebrating his or her first birthday. The same pattern is also observed in under-five mortality rates, with the highest rate in Thaba-Tseka (138 deaths per 1,000 live births) and the lowest in Mafeteng (71 deaths per 1,000 live births). Rates by district should be interpreted cautiously because of the high level of sampling errors (see Appendix B).

Table 8.2 Early childhood mortality rates by socioeconomic characteristics

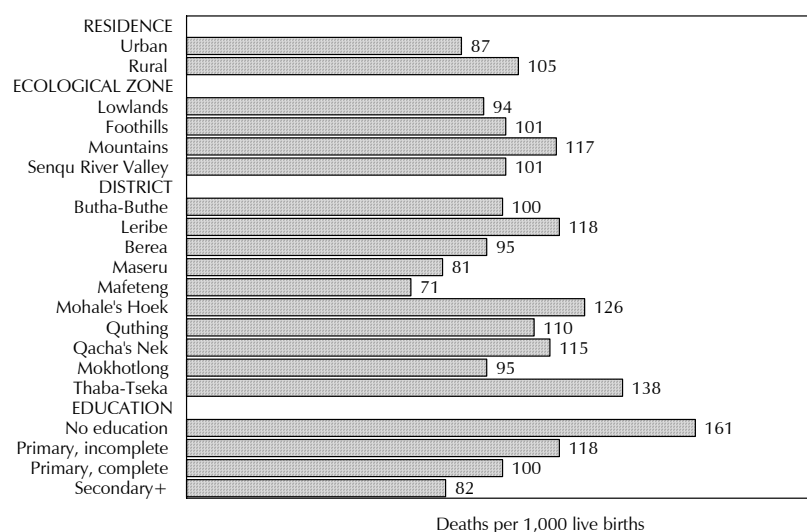
Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by background characteristic, Lesotho 2004

Background characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN) ¹	Infant mortality (₁ q ₀)	Child mortality (₄ q ₁)	Under-five mortality (₅ q ₀)
Residence					
Urban	23	42	64	24	87
Rural	49	38	87	19	105
Ecological zone					
Lowlands	39	37	76	19	94
Foothills	43	39	82	21	101
Mountains	56	40	97	22	117
Senqu River Valley	39	44	83	20	101
District					
Butha-Buthe	39	35	74	28	100
Leribe	49	44	93	27	118
Berea	48	35	84	12	95
Maseru	28	40	68	14	81
Mafeteng	33	24	57	15	71
Mohale's Hoek	66	35	101	28	126
Quthing	52	35	87	25	110
Qacha's Nek	65	31	96	21	115
Mokhotlong	36	39	75	21	95
Thaba-Tseka	57	62	119	22	138
Mother's education					
No education	*	*	*	*	*
Primary, incomplete	53	45	98	22	118
Primary, complete	42	35	77	24	100
Secondary+	34	36	70	13	82
Wealth quintile					
Lowest	51	37	88	28	114
Second	40	50	89	18	106
Middle	63	30	93	14	106
Fourth	47	30	77	28	102
Highest	25	45	70	13	82

Note: An asterisk indicates that a figure is based on fewer than 250 children and has been suppressed.

¹ Computed as the difference between the infant and neonatal mortality rates

Figure 8.2 Under-five Mortality by Background Characteristics



LDHS 2004

As observed in most studies, the mother's level of education is strongly linked to child survival. Higher levels of educational attainment are generally associated with lower mortality rates, presumably because education exposes mothers to information about better nutrition, use of contraceptives to space births, and knowledge about child immunisation, childhood illness, and treatment. According to Table 8.2, childhood mortality rates for children born to mothers with primary education incomplete are higher than for children born to mothers with higher education, except for child mortality. For example, the infant mortality rates range from 70 deaths per 1,000 live births for children born to mothers with secondary education to 98 deaths per 1,000 live births for children of mothers with primary education incomplete. The corresponding figures for under-five mortality rates are 82 for mothers with secondary education and 118 for mothers with primary education incomplete.

8.3 DEMOGRAPHIC DIFFERENTIALS IN INFANT AND CHILD MORTALITY

Childhood mortality rates by sex of child, age of mother at birth, birth order, previous birth interval, and birth size are presented in Table 8.3. Differences in the mortality of male and female children at birth are found in nearly all populations. The results show that female mortality is lower than that of males at all ages up to five years.

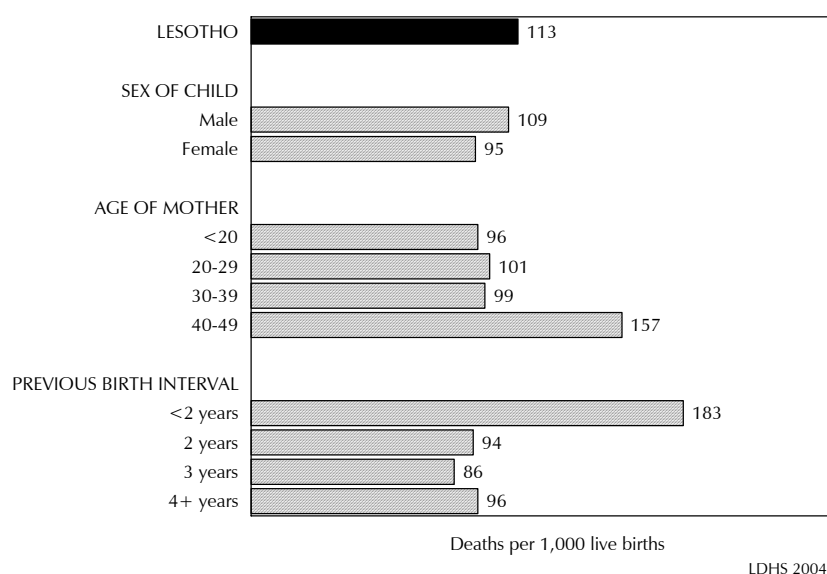
Table 8.3 Early childhood mortality rates by demographic characteristics					
Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by demographic characteristics, Lesotho 2004					
Demographic characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN) ¹	Infant mortality (₁ q ₀)	Child mortality (₄ q ₁)	Under-five mortality (₅ q ₀)
Child's sex					
Male	48	41	89	22	109
Female	41	37	78	19	95
Mother's age at birth					
<20	45	31	76	21	96
20-29	41	40	81	22	101
30-39	48	35	83	17	99
40-49	66	82	148	10	157
Birth order					
1	37	40	77	20	95
2-3	43	37	81	25	104
4-6	46	31	77	16	91
7+	84	63	147	13	158
Previous birth interval²					
<2 years	106	44	150	39	183
2 years	47	29	77	19	94
3 years	33	35	68	19	86
4+ years	39	43	82	15	96
Birth size³					
Small/very small	94	72	166	na	na
Average or larger	31	40	71	na	na
¹ Computed as the difference between the infant and neonatal mortality rates					
² Excludes first-order births					
³ Rates for the five-year period before the survey					
na = Not applicable					

Children of the youngest and oldest women usually experience the highest risk of death. Table 8.3 shows no clear pattern in the relationship between mother's age at birth and childhood mortality for younger mothers. However, childhood mortality rates are considerably higher among children born to women in their 40s at the time of birth, except for child mortality. Most research studies have established that first births and higher order births generally face high risk of mortality. Data from the 2004 LDHS do not clearly confirm this pattern for first births. However, with the exception of child mortality, births of order seven and above experience significantly higher levels of childhood mortality.

The length of birth interval has a significant effect on a child's chances of survival, with short birth intervals reducing the chances of survival. As the birth interval gets longer, mortality risk is substantially reduced. Children born less than two years after a prior sibling are at greater risk of dying than children born after intervals of two or more years. For example, the infant mortality rate is 150 deaths per 1,000 live births for children born after an interval of less than two years, compared with a rate of 68 deaths per 1,000 live births for birth intervals of three years.

Size of the child at birth also has a bearing on childhood mortality. For example, the infant mortality rate is 166 deaths per 1,000 live births for children whose birth size is small or very small, compared with a rate of 71 deaths per 1,000 live births for children with average or larger birth size. The size at birth of the child appears to have a stronger effect on neonatal mortality than on postneonatal mortality.

Figure 8.3 Under-five Mortality by Socioeconomic Characteristics



8.4 DIFFERENTIALS IN INFANT AND CHILD MORTALITY BY WOMEN'S STATUS

An essential aspect of empowerment of women is the ability to access information, make decisions, and act effectively in their own interest, or the interest of those who depend on them. It follows that if women, as the primary caretakers of children, are appropriately empowered, the health and survival chances of their children would be enhanced. In fact, mother's empowerment can be used as an individual-level variable that can affect child survival through a set of proximate determinants developed by Mosley and Chen (1984) in their framework on child survival. Table 8.4 shows information on the effect of women's status as measured by three specific indicators: participation in household decision-

making, attitude towards the ability of a wife to refuse to have sex with her husband, and attitude towards wife beating.

The data show no consistent pattern in mortality rates by the number of household decisions in which a woman has a final say or by the number of reasons to justify a wife's refusal to have sex with her husband. The rates of childhood mortality are generally lower among children whose mothers do not mention any reasons justifying wife beating. For example, the under-five mortality rate is 85 deaths per 1,000 live births among children whose mothers believe there are no reasons to justify wife beating, compared with 121 deaths per 1,000 live births for children whose mothers cite 3 to 4 reasons.

Table 8.4 Early childhood mortality rates by women's status

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by women's status indicators, Lesotho 2004

Women's status indicators	Neonatal mortality (NN)	Postneonatal mortality (PNN) ¹	Infant mortality (₁ q ₀)	Child mortality (₄ q ₁)	Under-five mortality (₅ q ₀)
Number of decisions in which woman has final say²					
0	39	31	70	26	94
1-2	48	33	81	17	97
3-4	50	35	86	19	103
5	38	47	85	21	105
Number of reasons to refuse sex with husband					
0	55	41	96	12	107
1-2	53	45	98	18	114
3-4	42	37	80	21	99
Number of reasons wife beating is justified					
0	36	32	68	18	85
1-2	49	51	100	21	118
3-4	56	42	99	24	121
5+	56	34	90	21	109

¹ Computed as the difference between the infant and neonatal mortality rates

² Either by herself or jointly with others

8.5 HIGH-RISK FERTILITY BEHAVIOUR

Numerous studies have found a strong relationship between children's chances of dying and certain fertility behaviours. Typically, the probability of dying in early childhood is much greater if children are born to mothers who are too young or too old, if they are born after a short birth interval, or if they are born to mothers with high parity. Very young mothers may experience difficult pregnancies and deliveries because of their physical immaturity. Older women may also experience age-related problems during pregnancy and delivery. For purposes of this analysis, a mother is classified as "too young" if she is less than 18 years of age and "too old" if she is over 34 years of age at the time of delivery; a "short birth interval" is defined as a birth occurring within 24 months of a previous birth; and a "high-order" birth is one occurring after three or more previous births (i.e., birth order four or higher). First-order births may be at increased risk of dying, relative to births of other orders; however, this distinction is not included in the risk categories in the table because it is not considered avoidable fertility behaviour. For the short birth interval category, only children with a preceding interval of less than 24 months are included. Short succeeding birth intervals are not included, even though they can influence the survivorship of a child, because of the problem of reverse causal effect (i.e., a short succeeding birth interval can be the result of the death of a child rather than being the cause of the death of a child).

Table 8.5 presents the distribution of children born in the five years preceding the survey by the above-mentioned categories of increased risk of mortality. The first column shows the risk categories. The second column shows the percentage of children falling into various risk categories. The third column shows the risk ratio of mortality for children by comparing the proportion dead among children in each high-risk category with the proportion dead among children not in any high-risk category (i.e., those whose mothers were age 18-34 at delivery, who were born 24 or more months after the previous birth, or who are of birth order two or three). Column four shows the percentage of currently married women by category of risk if they were to conceive a child at the time of the survey.

Four in ten children in Lesotho (41 percent) fall into a high-risk category that is avoidable, with 26 percent in a single high-risk category and 15 percent in a multiple high-risk category. Three in ten children (31 percent) do not fall into any high-risk category. The risk ratio indicates that high risks are especially associated with birth intervals of less than 24 months and births to mothers older than 34 years. Risk ratios are higher for children in a multiple high-risk category (1.36) than for children in a single high-risk category (1.12). Among single high-risk categories, 4 percent of births in Lesotho occur after a short birth interval. These children are twice as likely to die in early childhood as children who are not in any high-risk category.

The last column in Table 8.5 was obtained by simulating the distribution of currently married women by the risk category in which a birth would fall if a woman were to conceive at the time of the survey. Although many women are protected from conception because of use of family planning methods, postpartum insusceptibility, and prolonged abstinence, for simplicity only those who have been sterilised are included in the “not in any high-risk category.” Sixty-four percent of currently married women have the potential for having a high-risk birth, with 28 percent falling into a single high-risk category and 36 percent into a multiple high-risk category.

Table 8.5 High-risk fertility behaviour

Percent distribution of children born in the five years preceding the survey by category of elevated risk of mortality and the risk ratio, and percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey, Lesotho 2004

Risk category	Births in the 5 years preceding the survey		Percentage of currently married women ¹
	Percentage of births	Risk ratio	
Not in any high-risk category	31.1	1.00	28.9 ^a
Unavoidable risk category			
First-order births between ages 18 and 34 years	27.7	1.11	7.4
Single high-risk category			
Mother's age <18	6.9	1.05	0.7
Mother's age >34	2.1	1.53	6.5
Birth interval <24 months	3.9	2.11	11.2
Birth order >3	13.0	0.78	9.6
Subtotal	25.9	1.12	28.0
Multiple high-risk category			
Age <18 and birth interval <24 months ²	0.1	*	0.3
Age >34 and birth interval <24 months	0.1	*	0.3
Age >34 and birth order >3	12.2	1.23	26.9
Age >34 and birth interval <24 months & birth order >3	1.0	1.27	2.7
Birth interval <24 months and birth order >3	1.8	1.87	5.4
Subtotal	15.3	1.36	35.7
In any avoidable high-risk category	41.1	1.21	63.6
Total	100.0	na	100.0
Number of births	3,572	na	3,709

Note: Risk ratio is the ratio of the proportion dead among births in a specific high-risk category to the proportion dead among births not in any high-risk category. An asterisk indicates that a figure is based on fewer than 250 births and has been suppressed.

na = Not applicable

¹ Women are assigned to risk categories according to the status they would have at the birth of a child if they were to conceive at the time of the survey: current age less than 17 years and 3 months or older than 34 years and 2 months, latest birth less than 15 months ago, or latest birth being of order 3 or higher

² Includes the category age <18 and birth order >3

^a Includes sterilised women

Mahlape Ramoseme

This chapter presents findings from key areas in maternal and child health, namely antenatal, postnatal and delivery care, childhood vaccination and common childhood illnesses and their treatment. It is the priority of the Ministry of Health and Social Welfare in Lesotho to provide medical care and counselling services to women during pregnancy and delivery that affect health and survival of both the mother and the newborn. The 2004 LDHS results provide an evaluation of the utilisation of these health services, as well as information useful in assessing the need for service expansion. The information can be used to identify women whose babies are at risk because of non-use of maternal health services. The findings are also valuable to policymakers and programme implementers in strengthening implementation of programmes and activities to improve maternal and child care services. The results in the following sections are based on data collected from mothers about live births that occurred in the five years preceding the survey.

9.1 ANTENATAL CARE

Antenatal Care Coverage

Table 9.1 shows the percent distribution of women who had a live birth in the five years preceding the survey by the type of antenatal care (ANC) provider for the most recent birth. The women were asked to report on all providers they may have seen for ANC. However, if more than one person was seen for care, only the provider with the highest qualification is shown in the table.

The data indicate that 90 percent of women in Lesotho receive antenatal care from a health professional, either from a doctor (7 percent) or a nurse, midwife, or nursing assistant¹ (83 percent). One percent of the women receive antenatal care from traditional birth attendants, while 9 percent do not receive any antenatal care.

The 2004 LDHS data indicate an improvement in this indicator since the 2000 End of Decade Multiple Cluster Survey (EMICS), which reported antenatal care coverage by a health professional of 53 percent. It must be noted that in the 2000 EMICS the questions on antenatal care were asked only of women who had a birth in the year before the survey. Looking at specific providers, there has been an increase in the proportion of women who received ANC from a doctor (6 percent in the 2000 EMICS and 7 percent in 2004 LDHS) and those who received ANC from a nurse, midwife, or nursing assistant (47 percent in 2000 EMICS and 83 percent in 2004 LDHS).

Examination of differentials in antenatal care in Table 9.1 shows that the mother's age at birth and the child's birth order are not strongly correlated to use of antenatal care. However, higher parity women are more likely than lower parity women to see no one for antenatal care. Rural women are less likely than their urban counterparts to get antenatal care from a doctor and more likely to get no ANC at all.

¹ In 2004 LDHS, the answer category "nurse" includes both a "registered nurse" and a "nursing assistant" because most women would not know the difference between a registered nurse and a nursing assistant. Therefore, in this report the proportion of women who received ANC by skilled personnel includes those who have seen a nursing assistant, which may result in an overestimate of this indicator.

Antenatal care coverage is associated with women's level of education. Women with higher education are much more likely to have received care from a doctor than those with no education (11 and versus 2 percent, respectively), while the proportion of women who get no antenatal care declines steadily as education increases.

Table 9.1 Antenatal care

Percent distribution of women who had a live birth in the five years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth, according to background characteristics, Lesotho 2004

Background characteristic	Doctor	Nurse/ midwife/ nursing assistant	Traditional birth attendant/ other	No one	Missing	Total	Number of women
Age at birth							
<20	5.8	85.9	0.8	7.5	0.0	100.0	546
20-34	7.7	83.4	0.4	8.1	0.3	100.0	1,832
35-49	6.5	79.4	0.9	12.7	0.6	100.0	480
Birth order							
1	7.3	86.9	0.7	5.2	0.0	100.0	963
2-3	7.8	83.5	0.2	8.0	0.4	100.0	1,080
4-5	7.0	79.5	0.7	12.8	0.0	100.0	485
6+	4.9	76.9	1.0	16.0	1.3	100.0	331
Residence							
Urban	9.7	86.7	0.1	3.3	0.2	100.0	448
Rural	6.7	82.6	0.6	9.8	0.3	100.0	2,411
Ecological zone							
Lowlands	10.4	81.1	0.5	7.5	0.5	100.0	1,508
Foothills	5.7	80.2	0.1	13.6	0.3	100.0	351
Mountains	2.6	86.9	0.7	9.8	0.1	100.0	810
Senqu River Valley	3.4	90.1	0.5	6.0	0.0	100.0	190
District							
Butha-Buthe	8.3	79.7	0.3	11.7	0.0	100.0	162
Leribe	4.0	86.7	0.2	8.9	0.2	100.0	446
Berea	3.5	86.2	0.0	9.3	1.0	100.0	332
Maseru	14.1	76.8	0.5	8.4	0.2	100.0	594
Mafeteng	10.2	77.3	0.9	10.7	0.9	100.0	313
Mohale's Hoek	9.0	81.4	1.4	8.1	0.0	100.0	275
Quthing	0.9	91.0	0.5	7.6	0.0	100.0	203
Qacha's Nek	5.6	91.6	1.0	1.9	0.0	100.0	109
Mokhotlong	3.3	87.3	0.4	8.5	0.4	100.0	183
Thaba-Tseka	2.9	87.3	0.4	9.4	0.0	100.0	240
Education							
No education	2.3	73.2	4.9	19.6	0.0	100.0	68
Primary, incomplete	4.8	82.1	0.8	11.6	0.7	100.0	877
Primary, complete	5.4	85.6	0.1	9.0	0.0	100.0	890
Secondary+	11.0	82.9	0.4	5.5	0.2	100.0	1,024
Wealth quintile							
Lowest	4.1	82.5	0.4	12.8	0.2	100.0	541
Second	4.3	82.3	0.4	12.3	0.7	100.0	645
Middle	7.9	83.3	0.5	8.1	0.3	100.0	510
Fourth	8.7	83.2	1.2	6.9	0.0	100.0	621
Highest	11.2	85.0	0.0	3.5	0.3	100.0	542
Total	7.2	83.2	0.5	8.8	0.3	100.0	2,859

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation.

Number and Timing of Antenatal Care Visits

Health providers recommend that the first antenatal visit should occur within the first trimester of pregnancy and continue on a monthly basis through the 28th week of pregnancy and fortnightly up to the 36th week or until birth. This implies that 12-13 visits should be made during the entire pregnancy. Antenatal care can be more effective in preventing adverse pregnancy outcomes when it is sought early in pregnancy and continues through to delivery.

Table 9.2 provides information on the number of antenatal care visits and the timing of the first visit. Early detection of problems in pregnancy leads to more timely referrals in cases of women in higher-risk categories or complications. Table 9.2 shows that in Lesotho, seven in ten women (70 percent) make four or more antenatal visits. Twenty-seven percent of mothers make no visits or make fewer than 4 visits, far below the recommended number of 12. Eighty-four percent of urban women make 4 or more antenatal care visits, compared with 67 percent of rural women. Moreover, few women do not receive antenatal care early in the pregnancy. Only 30 percent of women obtain antenatal care in the first trimester of pregnancy and 68 percent receive antenatal care before the sixth month of pregnancy. The median number of months of pregnancy at first ANC visit is 5.

Results show that there is need in Lesotho to promote early antenatal care attendance to ensure appropriate maternal care and prevent pregnancy, delivery, and postnatal complications.

Components of Antenatal Care

Pregnancy complications are the primary causes of maternal and child morbidity and mortality. Consequently, informing women about the danger signs associated with pregnancy and the actions they should take in case complications arise are important elements of antenatal care services. In the 2004 LDHS, women who had a live birth in the five years before the survey were asked about antenatal care services, including whether they were told about the signs of pregnancy complications, whether they were weighed, whether their height and blood pressure were measured, whether urine and blood samples were taken, and whether they were given any information or counselled about HIV/AIDS.²

Table 9.3 shows that among women who had a birth in the five years preceding the survey, 45 percent received antenatal care for the most recent birth reported that they had been informed about pregnancy complications. Urban women are more likely (53 percent) to have been told about pregnancy complications than rural (43 percent). The likelihood of a woman being told about pregnancy

Table 9.2 Number of antenatal care visits and timing of first visit

Percent distribution of women who had a live birth in the five years preceding the survey by number of antenatal care (ANC) visits for the most recent birth, and by the timing of the first visit according to residence, Lesotho 2004

Number and timing of ANC visits	Residence		Total
	Urban	Rural	
Number of ANC visits			
None	3.3	9.8	8.8
1	0.8	1.7	1.6
2-3	9.0	17.7	16.4
4+	83.5	67.0	69.6
Don't know/missing	3.4	3.7	3.7
Total	100.0	100.0	100.0
Number of months pregnant at time of first ANC visit			
No antenatal care	3.3	9.8	8.8
<4	40.2	28.4	30.3
4-5	39.0	37.4	37.6
6-7	16.0	20.7	20.0
8+	1.2	3.0	2.7
Don't know/missing	0.4	0.7	0.6
Total	100.0	100.0	100.0
Median months pregnant at first visit (for those with ANC)	4.4	4.9	4.8
Number of women	448	2,411	2,859

² They were also asked whether they took iron supplements (see Chapter 10).

complications declines as parity increases. Women in the higher wealth index quintiles are more likely to be informed about pregnancy complications than those in the lower quintiles. For example, 56 percent of the women in the highest quintile reported that they were informed about the pregnancy complications, while only 32 percent of the women in the lowest quintile reported that they were informed about pregnancy complications. Among ecological zones, the proportion of women who were informed of the signs and symptoms of pregnancy complications ranges from 40 percent in the Mountains to 53 percent in Senqu River Valley. Among districts, the lowest proportion of women who were informed about the signs and symptoms of pregnancy complications is found in Thaba-Tseka (30 percent) and the highest is in Quthing (56 percent).

Table 9.3 Components of antenatal care

Percentage of women with a live birth in the five years preceding the survey who received antenatal care for the most recent birth, by content of antenatal care, and percentage of women with a live birth in the five years preceding the survey who received iron tablets or syrup for the most recent birth, according to background characteristics, Lesotho 2004

Background characteristic	Among women who received antenatal care								Number of women	Received iron tablets or syrup	Number of women
	Informed of signs of pregnancy complications	Informed of where to go in case of complications	Weight measured	Height measured	Blood pressure measured	Urine sample taken	Blood sample taken	Received information or counselling about HIV/AIDS			
Age at birth											
<20	36.5	33.0	95.3	45.3	90.7	63.4	78.3	45.3	507	36.2	547
20-34	44.6	41.8	95.8	43.4	92.6	68.9	81.4	55.3	1,675	38.7	1,832
35-49	54.1	51.8	95.5	48.9	94.4	76.7	81.8	70.0	416	36.3	480
Birth order											
1	40.0	37.1	96.1	46.6	92.0	67.7	80.6	50.7	913	39.2	963
2-3	44.2	41.3	95.8	43.5	93.2	70.5	81.6	55.1	989	38.2	1,080
4-5	50.2	47.6	94.4	37.4	91.4	66.2	78.8	61.9	423	37.2	485
6+	52.2	49.1	95.9	53.4	93.9	72.9	82.3	65.1	274	33.8	331
Residence											
Urban	53.1	51.7	96.8	47.4	94.4	87.7	92.4	69.5	433	42.6	448
Rural	42.8	39.7	95.5	44.1	92.2	65.4	78.5	52.9	2,166	37.0	2,411
Ecological zone											
Lowlands	45.9	43.3	96.4	44.0	95.0	79.0	87.1	58.4	1,388	40.0	1,508
Foothills	44.8	41.3	96.4	46.2	94.2	61.3	82.3	53.9	302	44.6	351
Mountains	39.6	36.4	93.2	45.9	88.7	54.6	70.4	49.6	730	33.4	810
Senqu River Valley	53.3	51.6	98.7	41.7	86.7	64.7	72.2	62.6	179	26.9	190
District											
Butha-Buthe	51.9	45.8	98.8	45.4	95.6	74.7	88.9	52.4	143	45.8	162
Leribe	50.0	47.2	95.0	42.6	96.3	64.1	78.5	61.0	406	49.6	446
Berea	35.8	33.5	97.1	41.3	93.2	62.0	79.9	48.4	298	47.3	332
Maseru	42.0	39.3	94.6	49.6	93.4	80.7	88.7	65.3	543	41.3	594
Mafeteng	48.6	46.8	96.7	38.8	95.6	87.7	88.3	52.9	277	30.3	313
Mohale's Hoek	48.7	44.2	94.6	44.5	89.9	66.0	75.9	49.2	253	23.1	275
Quthing	56.4	54.6	98.6	41.5	82.2	59.0	66.0	60.5	187	24.7	203
Qacha's Nek	53.0	46.4	96.2	56.8	88.2	61.8	75.1	62.4	107	43.5	109
Mokhotlong	35.3	34.9	94.7	41.9	96.6	67.5	85.1	35.4	167	19.5	183
Thaba-Tseka	30.4	28.2	93.6	46.5	87.8	48.7	70.2	53.3	217	38.0	240
Education											
No education	47.0	42.4	86.6	36.9	88.6	53.2	68.9	44.1	55	25.9	68
Primary, incomplete	39.6	36.6	94.3	42.5	90.8	60.7	74.6	48.5	769	33.5	877
Primary, complete	46.8	43.6	95.5	47.1	93.0	68.1	82.2	56.6	810	37.8	890
Secondary+	46.5	44.1	97.4	44.8	93.8	77.5	85.4	61.4	965	42.4	1,024
Wealth quintile											
Lowest	32.4	30.0	92.2	40.4	87.3	48.8	68.4	44.1	470	36.0	541
Second	43.7	40.7	95.5	46.2	90.0	63.7	76.6	51.4	561	31.9	645
Middle	42.5	39.0	95.9	43.7	93.4	65.3	82.0	56.3	467	36.6	510
Fourth	46.9	44.9	97.9	46.3	97.1	80.0	86.2	59.8	579	40.8	621
Highest	55.6	52.1	96.3	45.8	94.3	84.4	89.6	65.7	521	44.5	542
Total	44.5	41.7	95.7	44.6	92.6	69.1	80.8	55.7	2,599	37.8	2,859

With regard to antenatal tests and examinations, 96 percent of pregnant women said they were weighed, 46 percent had their heights measured, and 93 percent had their blood pressure measured. Seven in ten women had a urine sample taken and more than eight in ten (81 percent) had a blood sample taken. More than half of the women (56 percent) received information or counselling about HIV/AIDS during their antenatal care. Thirty-eight percent of the pregnant women were given iron supplements at some point during pregnancy.

Tetanus Toxoid Immunisation

Tetanus toxoid (TT) injections are given during pregnancy for the prevention of neonatal tetanus, historically one of the principal causes of death among infants in many developing countries. To achieve protection for herself and her newborn baby, typically, a pregnant woman will receive at least two doses of tetanus toxoid. On the other hand, if a woman has been fully vaccinated during a previous pregnancy, she may only require one dose during her current pregnancy to achieve such protection. Five doses are considered adequate to provide lifetime protection. To estimate the extent of tetanus toxoid coverage during pregnancy, the 2004 LDHS collected data on the number of injections women received during pregnancy for the most recent birth in the five years preceding the survey. These results are presented in Table 9.4. The data may underestimate the actual extent of protection against tetanus, because women who had received prior vaccinations may not have received additional injections, as they were considered unnecessary.

The data indicate that 60 percent of mothers received two or more doses of tetanus toxoid during pregnancy, and 19 percent received one dose. Eighteen percent of mothers did not receive any tetanus injection. Lower parity births and those occurring in urban areas are somewhat more likely to have been protected by tetanus vaccination than higher parity and rural births. Similarly, births to wealthier and more educated women are more likely to be protected than those to poorer and less educated women. Coverage with two doses or more of tetanus toxoid ranges from a low of 51 percent among women in Mokhotlong to 68 percent among those in Mafeteng. The table also shows that Butha-Buthe has the highest proportion of women who did not receive any TT injections (26 percent), while Qacha's Nek has the lowest proportion (13 percent).

Table 9.4 Tetanus toxoid injections

Percent distribution of women who had a live birth in the five years preceding the survey by number of tetanus toxoid injections received during pregnancy for the most recent birth, according to background characteristics, Lesotho 2004

Background characteristic	None	One injection	Two or more injections	Don't know/missing	Total	Number of women
Age at birth						
<20	15.8	19.8	62.4	2.0	100.0	546
20-34	16.2	19.2	60.9	3.8	100.0	1,832
35-49	26.4	17.2	52.7	3.7	100.0	480
Birth order						
1	11.6	18.8	67.7	1.9	100.0	963
2-3	17.8	20.5	57.0	4.6	100.0	1,080
4-5	22.9	17.7	56.8	2.6	100.0	485
6+	28.6	16.3	50.0	5.1	100.0	331
Residence						
Urban	12.3	16.8	65.1	5.8	100.0	448
Rural	18.9	19.4	58.8	3.0	100.0	2,411
Ecological zone						
Lowlands	15.1	16.4	64.0	4.5	100.0	1,508
Foothills	26.5	16.1	54.7	2.7	100.0	351
Mountains	19.7	24.6	54.2	1.5	100.0	810
Senqu River Valley	15.7	20.8	59.5	4.0	100.0	190
District						
Butha-Buthe	25.7	16.3	56.9	1.0	100.0	162
Leribe	19.5	18.3	57.8	4.3	100.0	446
Berea	20.2	16.1	59.3	4.4	100.0	332
Maseru	16.5	17.4	62.0	4.2	100.0	594
Mafeteng	14.6	14.1	68.0	3.3	100.0	313
Mohale's Hoek	13.7	19.8	62.2	4.3	100.0	275
Quthing	17.8	20.2	59.5	2.5	100.0	203
Qacha's Nek	12.7	26.2	58.5	2.6	100.0	109
Mokhotlong	18.5	28.0	50.9	2.6	100.0	183
Thaba-Tseka	20.3	24.0	54.8	0.9	100.0	240
Education						
No education	32.3	17.0	49.1	1.5	100.0	68
Primary, incomplete	23.1	20.8	52.8	3.3	100.0	877
Primary, complete	17.1	18.4	61.2	3.2	100.0	890
Secondary+	13.0	17.9	65.3	3.8	100.0	1,024
Wealth quintile						
Lowest	22.8	23.8	51.3	2.1	100.0	541
Second	21.0	19.0	56.7	3.2	100.0	645
Middle	20.7	18.4	58.2	2.7	100.0	510
Fourth	14.7	17.2	64.8	3.3	100.0	621
Highest	10.0	16.6	67.7	5.8	100.0	542
Total	17.8	19.0	59.8	3.4	100.0	2,859

9.2 DELIVERY CARE

Place of Delivery

The objective of providing safe delivery services is to protect the life and health of the mother as well as her child. An important component of programmes aimed at reducing the health risk to mothers and children is to increase the proportion of deliveries under the supervision of a health professional. Proper medical attention under hygienic conditions during delivery can reduce the risk of complications and infections that may cause death or serious illness either to the mother, or to the baby or both. In the 2004 LDHS, women were asked where they delivered their children born in the five years preceding the survey (Table 9.5 and Figure 9.1).

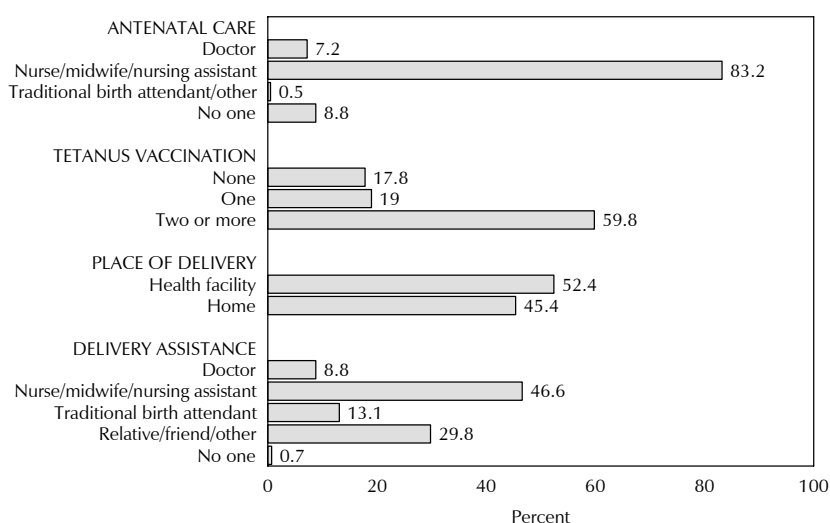
Table 9.5 Place of delivery

Percent distribution of live births in the five years preceding the survey by place of delivery, according to background characteristics, Lesotho 2004

Background characteristic	Health facility			Home	Other	Missing	Total	Number of births
	Public sector	Private sector	CHAL					
Mother's age at birth								
<20	42.7	2.2	11.5	42.0	0.7	0.8	100.0	724
20-34	38.3	1.5	12.9	45.2	1.3	0.8	100.0	2,293
35-49	31.0	1.5	13.5	50.7	1.0	2.2	100.0	555
Birth order								
1	49.1	1.8	14.2	33.3	1.1	0.6	100.0	1,238
2-3	36.1	1.7	12.2	47.2	1.8	1.0	100.0	1,332
4-5	29.8	1.9	12.9	54.7	0.3	0.5	100.0	596
6+	22.9	0.8	9.6	63.4	0.2	3.0	100.0	405
Residence								
Urban	65.5	2.8	15.0	13.4	3.1	0.3	100.0	503
Rural	33.6	1.5	12.3	50.7	0.8	1.1	100.0	3,069
Ecological zone								
Lowlands	46.4	1.7	13.6	35.3	1.7	1.3	100.0	1,771
Foothills	24.4	1.9	16.5	55.7	0.7	0.9	100.0	456
Mountains	27.1	0.9	11.5	59.4	0.5	0.6	100.0	1,105
Senqu River Valley	53.1	4.3	4.7	36.1	1.0	0.8	100.0	239
District								
Butha-Buthe	33.9	3.9	16.5	44.3	0.6	0.8	100.0	201
Leribe	34.3	2.1	19.0	41.0	2.3	1.3	100.0	552
Berea	30.0	1.7	18.4	46.5	0.7	2.6	100.0	404
Maseru	44.7	1.3	14.6	37.5	1.5	0.5	100.0	715
Mafeteng	43.5	1.3	8.8	44.0	1.2	1.2	100.0	375
Mohale's Hoek	46.2	2.2	5.4	45.0	0.2	0.9	100.0	345
Quthing	48.7	3.2	2.2	45.2	0.7	0.0	100.0	255
Qacha's Nek	43.5	2.1	6.5	45.7	2.2	0.0	100.0	156
Mokhotlong	37.8	0.0	1.4	59.9	0.3	0.6	100.0	254
Thaba-Tseka	15.9	0.1	21.1	61.3	0.3	1.3	100.0	316
Mother's education								
No education	15.5	1.8	1.8	78.7	0.0	2.2	100.0	94
Primary, incomplete	28.0	1.5	8.0	60.3	0.7	1.6	100.0	1,156
Primary, complete	37.9	1.3	12.0	47.3	1.0	0.5	100.0	1,128
Secondary+	49.8	2.2	18.8	26.6	1.8	0.8	100.0	1,193
Antenatal care visits ¹								
None	9.5	1.1	1.1	86.5	1.0	0.9	100.0	251
1-3	33.3	1.1	8.1	56.1	1.3	0.0	100.0	513
4+	45.6	1.8	16.0	35.3	1.2	0.0	100.0	1,990
Don't know/missing	39.7	0.7	11.9	37.3	3.7	6.7	100.0	104
Wealth quintile								
Lowest	23.5	0.5	6.4	68.5	0.5	0.6	100.0	746
Second	28.9	1.1	9.3	59.1	0.3	1.3	100.0	861
Middle	39.7	2.1	12.8	43.2	1.4	0.9	100.0	638
Fourth	45.9	2.8	16.5	32.1	1.6	1.2	100.0	721
Highest	58.0	2.1	20.9	15.9	2.2	0.9	100.0	605
Total	38.0	1.7	12.7	45.4	1.1	1.0	100.0	3,572

¹ Includes only the most recent birth in the five years preceding the survey

Figure 9.1 Antenatal Care, Tetanus Vaccinations, Place of Delivery, and Delivery Assistance



LDHS 2004

More than half of births (52 percent) in Lesotho are delivered in a health facility, while 45 percent are delivered at home. Births to older women and births of higher order are more likely to occur at home. Similarly, rural children are more than twice as likely to be born at home as urban children. The proportion of children born at home decreases with increasing educational level and wealth quintile of the mother. For example, 79 percent of children whose mothers have no education are born at home, compared with 27 percent of those whose mothers have some secondary education. Children whose mothers had more antenatal care visits during pregnancy are less likely to deliver at home. The proportion of births delivered at home is the lowest among women who live in Maseru (38 percent) and the highest in Thaba-Tseka (61 percent).

Assistance at Delivery

The type of assistance a woman receives during birth has important health consequences for both the mother and the child. Women interviewed in the 2004 LDHS were asked who assisted with the delivery of their children born in the five years preceding the survey. Interviewers were able to record multiple responses if more than one person assisted during delivery. However, for the purpose of this tabulation, only the most highly qualified attendant was considered if there was more than one response.

Table 9.6 shows that 55 percent of births in Lesotho are delivered under the supervision of a health professional, mainly a nurse, midwife, or nursing assistant.³ Traditional birth attendants (TBAs) play an important role, with 13 percent of deliveries being attended by them. Relatives and friends assist in 30 percent of births. Maternal age and child's birth order are associated with the type of assistance at delivery. Births to older women and those of a higher order are slightly more likely to occur with no assistance at all than births to younger women and those of lower order.

³ In 2004 LDHS, the answer category "nurse" includes both a "registered nurse" and a "nursing assistant" since most women would not know the difference between a registered nurse and a nursing assistant. Therefore, in this report the proportion of deliveries assisted by skilled personnel includes those who have seen a nursing assistant, which may result in an overestimate of this indicator.

Table 9.6 Assistance during delivery

Percent distribution of live births in the five years preceding the survey by person providing assistance during delivery, according to background characteristics, Lesotho 2004

Background characteristic	Doctor	Nurse/ midwife/ nursing assistant	Traditional birth attendant	Relative/ friend/ other	No one	Don't know/ missing	Total	Number of births
Mother's age at birth								
<20	9.9	48.5	12.1	28.2	0.7	0.7	100.0	724
20-34	8.2	47.4	13.0	30.1	0.4	0.9	100.0	2,293
35-49	9.8	40.4	14.6	31.0	1.8	2.3	100.0	555
Birth order								
1	12.1	55.3	10.7	20.9	0.4	0.6	100.0	1,238
2-3	8.4	45.2	13.4	31.4	0.6	1.0	100.0	1,332
4-5	5.6	41.3	12.9	39.2	0.3	0.7	100.0	596
6+	5.0	32.2	19.5	37.8	2.3	3.3	100.0	405
Residence								
Urban	17.8	70.0	2.9	7.8	0.9	0.6	100.0	503
Rural	7.3	42.7	14.8	33.4	0.6	1.1	100.0	3,069
Ecological zone								
Lowlands	12.0	52.8	9.9	23.5	0.5	1.3	100.0	1,771
Foothills	7.2	37.0	17.6	35.9	1.4	0.9	100.0	456
Mountains	5.4	37.1	17.2	38.7	0.7	0.9	100.0	1,105
Senqu River Valley	3.9	62.4	8.7	24.5	0.3	0.3	100.0	239
District								
Butha-Buthe	7.3	48.9	16.8	26.3	0.0	0.8	100.0	201
Leribe	7.2	51.4	10.3	29.6	0.0	1.6	100.0	552
Berea	4.6	49.3	5.6	36.9	1.0	2.6	100.0	404
Maseru	20.1	43.1	15.9	19.3	1.1	0.5	100.0	715
Mafeteng	8.1	47.6	17.5	25.3	0.4	1.2	100.0	375
Mohale's Hoek	4.0	51.2	9.9	34.1	0.6	0.2	100.0	345
Quthing	3.1	57.0	7.5	32.4	0.0	0.0	100.0	255
Qacha's Nek	9.3	47.1	26.1	17.5	0.0	0.0	100.0	156
Mokhotlong	2.9	37.5	18.6	39.3	0.3	1.3	100.0	254
Thaba-Tseka	7.3	33.6	10.7	44.4	2.3	1.7	100.0	316
Mother's education								
No education	1.5	19.3	17.1	56.6	3.4	2.2	100.0	94
Primary, incomplete	4.5	36.9	15.4	40.4	1.1	1.6	100.0	1,156
Primary, complete	6.8	47.3	13.9	31.1	0.3	0.6	100.0	1,128
Secondary+	15.5	57.4	9.7	16.2	0.4	0.8	100.0	1,193
Wealth quintile								
Lowest	4.1	29.6	20.9	43.5	0.9	1.0	100.0	746
Second	5.7	36.3	17.2	38.9	0.6	1.4	100.0	861
Middle	8.6	47.9	10.2	31.4	0.9	0.9	100.0	638
Fourth	10.8	58.5	9.8	19.4	0.5	1.0	100.0	721
Highest	16.8	66.4	4.7	10.8	0.4	0.9	100.0	605
Total	8.8	46.6	13.1	29.8	0.7	1.1	100.0	3,572

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation.

As expected, births to women living in urban areas, to those with more education, or in the higher wealth index quintiles are more likely to be assisted by skilled personnel than those of women in other groups. Mokhotlong has the lowest proportion of deliveries assisted by skilled personnel (40 percent) followed by Thaba-Tseka (41 percent), while Maseru has the highest (63 percent).

The 2004 LDHS reported proportion of births assisted by skilled personnel (55 percent) has decreased somewhat since the EMICS 2000, which reported this indicator at 60 percent. Again, note that the 2000 EMICS collected information on births during the 12 months preceding the survey. The definition of skilled personnel is the same in both surveys.

Delivery Characteristics

The 2004 LDHS obtained information on a number of aspects of deliveries, including the frequency of caesarean sections and low-birth-weight babies. The caesarean section rate is sometimes considered to be a proxy indicator of women's access to care for complicated deliveries.

Table 9.7 shows that only 5 percent of live births in Lesotho are delivered by caesarean section. The proportion of deliveries by caesarean section is slightly higher than average among women age 35-49 (7 percent), first order births (6 percent), births to urban women (8 percent), births in Qacha's Nek and Lowlands (7 percent each), those to mothers with some secondary education (8 percent), and births to women in the highest wealth index quintile (9 percent).

Information was also collected on the baby's birth weight and size, because low birth weight is associated with higher neonatal morbidity and mortality. To obtain the birth weight data, mothers were asked whether their baby was weighed at birth, and if so, how much the baby weighed. Two and a half kilograms or more is considered normal birth weight and babies weighing less than that are regarded as small or low birth weight. Because most women do not deliver in a health facility, the mothers were also asked whether the baby was very large, larger than average, average, smaller than average, or very small at birth.

The data in Table 9.7 shows that one-third (33 percent) of babies are not weighed at birth, presumably in part because of the low percentage of deliveries occurring in health facilities. A large majority of babies (85 percent) are considered by their mothers to be of average or larger weight; 8 percent are considered to be smaller than average and 4 percent are considered very small.

Socioeconomic differentials in child's birth weight are not large. However, children whose mothers have no education are more likely to be smaller than average or very small than children whose mothers have at least some education. Similarly, there is a decrease in the proportion of babies considered to be smaller than average or very small as the wealth quintile of the mother increases.

On average, 7 percent of weighed children have birth weight less than 2.5 kg, while 56 percent weighed 2.5 kg or more. Births to mothers living in Qacha's Nek and those with no education have the highest proportion of birth weight less than 2.5 kg (11 percent each) when compared with other groups.

Table 9.7 Delivery characteristics

Percentage of live births in the five years preceding the survey delivered by caesarean section, and percent distribution by birth weight and by mother's estimate of baby's size at birth, according to background characteristics, Lesotho 2004

Background characteristic	Delivery by C-section	Birth weight				Total	Size of child at birth				Total	Number of births
		Not weighed	Less than 2.5 kg	2.5 kg or more	Don't know/missing		Very small	Smaller than average	Average or larger	Don't know/missing		
Mother's age at birth												
<20	4.3	30.2	6.0	59.4	4.3	100.0	3.6	9.1	84.4	2.8	100.0	724
20-34	5.0	32.6	6.6	56.8	4.1	100.0	4.2	7.6	85.9	2.3	100.0	2,293
35-49	6.6	38.5	6.6	48.2	6.7	100.0	4.7	10.2	80.3	4.8	100.0	555
Birth order												
1	5.6	23.9	7.5	64.5	4.1	100.0	3.4	8.4	85.5	2.7	100.0	1,238
2-3	5.2	33.8	5.0	57.4	3.8	100.0	3.8	6.8	87.0	2.3	100.0	1,332
4-5	4.8	41.0	7.3	46.4	5.3	100.0	5.0	10.5	82.1	2.5	100.0	596
6+	3.7	46.6	6.7	39.5	7.2	100.0	6.2	9.7	78.5	5.5	100.0	405
Residence												
Urban	8.0	9.3	7.4	78.5	4.9	100.0	3.5	8.6	86.3	1.7	100.0	503
Rural	4.6	36.9	6.3	52.3	4.5	100.0	4.3	8.3	84.5	3.0	100.0	3,069
Ecological zone												
Lowlands	6.6	24.5	6.4	64.1	5.0	100.0	3.6	6.5	86.6	3.2	100.0	1,771
Foothills	3.3	44.7	5.7	47.0	2.6	100.0	4.2	10.5	80.4	4.8	100.0	456
Mountains	3.8	43.4	6.8	45.6	4.2	100.0	4.9	10.7	82.8	1.6	100.0	1,105
Senqu River Valley	4.0	25.6	7.0	61.1	6.3	100.0	4.5	6.4	87.6	1.5	100.0	239
District												
Butha-Buthe	4.8	22.3	7.5	67.2	2.9	100.0	1.5	9.3	85.2	3.9	100.0	201
Leribe	5.2	36.4	5.4	54.8	3.4	100.0	4.2	6.5	86.8	2.5	100.0	552
Berea	4.0	39.7	5.4	48.7	6.2	100.0	3.9	6.1	80.5	9.5	100.0	404
Maseru	6.1	25.5	6.8	62.4	5.3	100.0	4.3	10.9	83.6	1.2	100.0	715
Mafeteng	5.5	30.1	7.3	59.9	2.7	100.0	4.0	6.4	86.8	2.8	100.0	375
Mohale's Hoek	5.6	30.4	6.5	58.7	4.4	100.0	4.5	7.4	86.7	1.4	100.0	345
Quthing	5.1	34.8	6.6	52.9	5.7	100.0	4.1	6.3	88.0	1.5	100.0	255
Qacha's Nek	7.0	18.5	10.9	64.6	6.0	100.0	6.5	12.4	80.6	0.5	100.0	156
Mokhotlong	4.6	48.8	5.5	42.9	2.8	100.0	2.4	10.4	84.4	2.8	100.0	254
Thaba-Tseka	2.8	41.5	5.8	47.0	5.7	100.0	5.8	8.9	83.6	1.7	100.0	316
Mother's education												
No education	2.9	61.6	11.3	19.1	8.0	100.0	7.4	11.6	77.1	3.9	100.0	94
Primary, incomplete	3.1	44.7	5.7	43.4	6.2	100.0	4.1	9.9	82.6	3.4	100.0	1,156
Primary, complete	4.5	32.9	6.6	56.2	4.2	100.0	5.7	7.1	84.4	2.8	100.0	1,128
Secondary+	7.8	19.5	6.7	70.9	3.0	100.0	2.5	7.6	87.7	2.3	100.0	1,193
Wealth quintile												
Lowest	2.5	49.4	5.6	40.6	4.4	100.0	5.0	10.6	82.5	1.9	100.0	746
Second	4.0	43.0	6.6	45.4	5.0	100.0	4.8	9.0	82.9	3.3	100.0	861
Middle	5.0	32.1	6.5	58.2	3.3	100.0	4.1	6.5	84.3	5.1	100.0	638
Fourth	5.9	22.4	8.5	64.2	4.8	100.0	3.6	8.8	85.3	2.4	100.0	721
Highest	9.1	12.2	4.9	78.0	4.8	100.0	3.0	5.9	89.7	1.4	100.0	605
Total	5.1	33.0	6.5	56.0	4.5	100.0	4.2	8.3	84.7	2.8	100.0	3,572

9.3 BIRTH REGISTRATION

Lesotho is a signatory to the International Convention of the Rights of the Child, which in part states that every child has the right to a name and nationality and the right to protection from being deprived of his or her identity. To assess the extent of birth registration, in the 2004 LDHS, mothers of children born in a health facility in the five years before the survey were asked if the child has been registered. In 2004 LHDS, a birth is considered to be registered if the child has a birth certificate or any other proof that the birth was reported to local authorities for purposes of initiating the registration process.

Table 9.8 shows that 26 percent of the births in Lesotho are registered. First-born children (30 percent), those who live in urban areas (39 percent) and in the Lowlands (30 percent) are more likely to be registered compared with their counterparts. District differentials indicate that the proportion of registered births is highest in Maseru (37 percent) and lowest in Mafeteng (14 percent). Birth registration is positively associated with the level of education and wealth quintile of the mother. Thirty-one percent of births among women with some secondary education are registered compared with 17 percent of births among women with no education. Similarly, births among the poorest women are less likely to be registered (24 percent) than births among the wealthiest women (36 percent).

Table 9.8 Birth registration				
Percentage of births in the five years before the survey for which the birth was registered, by background characteristics, Lesotho 2004				
Background characteristic	Birth registered		Don't know/missing	Number of births
	Yes	No		
Birth order				
1	29.7	67.3	3.0	963
2-3	25.6	71.3	3.1	1,080
4-5	22.7	74.6	2.7	485
6+	24.1	72.0	3.8	331
Residence				
Urban	38.5	59.1	2.4	448
Rural	24.1	72.7	3.2	2,411
Ecological zone				
Lowlands	29.5	66.2	4.3	1,508
Foothills	24.7	73.6	1.7	351
Mountains	23.3	74.9	1.8	810
Senqu River Valley	17.8	81.2	0.9	190
District				
Butha-Buthe	30.7	68.2	1.2	162
Leribe	23.9	73.2	2.9	446
Berea	28.7	67.7	3.6	332
Maseru	37.3	57.8	4.9	594
Mafeteng	14.4	82.3	3.4	313
Mohale's Hoek	25.8	70.6	3.6	275
Quthing	18.4	79.9	1.6	203
Qacha's Nek	12.6	86.4	1.0	109
Mokhotlong	21.5	76.3	2.2	183
Thaba-Tseka	30.3	68.4	1.3	240
Education				
No education	17.2	82.2	0.6	68
Primary, incomplete	20.7	76.2	3.1	877
Primary, complete	27.8	69.3	2.8	890
Secondary+	30.5	66.1	3.4	1,024
Wealth quintile				
Lowest	24.3	74.7	1.0	541
Second	20.7	75.4	4.0	645
Middle	23.4	72.6	4.0	510
Fourth	27.8	68.8	3.3	621
Highest	36.2	61.0	2.8	542
Total	26.3	70.6	3.1	2,859

9.4 POSTNATAL CARE

Postnatal care is important for mothers for treatment of complications arising from delivery, especially for births that occur at home. For non-institutional births particularly, postnatal care enables detection of complications that may threaten the survival of the mother. The timing of postnatal care is important. To provide the best outcome possible, it should occur within two days of the delivery since this is the critical period when most maternal deaths occur.

In the 2004 LDHS, to assess the extent of utilisation of postnatal care, women with births in the last five years were asked whether they received a postnatal check-up from a health professional or a traditional birth attendant.

Table 9.9 shows the percent distribution of women with a birth in the five years preceding the survey by timing of postnatal care. The table indicates that 72 percent of women do not receive any postnatal care. Twenty-three percent received postnatal care within 2 days of delivery, 3 percent received care 3-6 days after delivery, and 2 percent received care 7-41 days after delivery. A check-up within two days of delivery is more common among first-order births (29 percent), urban women (50 percent), women living in the Lowlands and Maseru (29 and 32 percent, respectively), women with some secondary education (38 percent), and those in the highest wealth quintile (48 percent).

Rural areas (74 percent), Senqu River Valley (81 percent), and Mokhotlong (93 percent) have the highest proportion of women who do not receive any postnatal care. The proportion of women who do not receive a postnatal check-up is inversely related to level of education and wealth index quintile.

Table 9.9 Postnatal care by background characteristics

Percent distribution of women with a live birth in the five years preceding the survey by timing of postnatal care, according to background characteristics, Lesotho 2004

Background characteristic	Timing of first postnatal check up				Did not receive postnatal checkup ¹	Total	Number of women
	0-2 days after delivery	3-6 days after delivery	7-41 days after delivery	Don't know/missing			
Age at birth							
<20	20.8	4.7	1.4	0.4	72.7	100.0	285
20-34	24.6	2.2	2.5	0.0	70.6	100.0	1,062
35-49	21.3	1.6	1.7	0.0	75.4	100.0	323
Birth order							
1	29.3	2.7	2.5	0.3	65.3	100.0	454
2-3	24.8	2.6	2.3	0.0	70.2	100.0	642
4-5	18.9	3.6	1.9	0.0	75.6	100.0	328
6+	14.3	0.4	1.7	0.0	83.7	100.0	245
Residence							
Urban	50.0	3.6	0.3	0.0	46.1	100.0	146
Rural	20.8	2.4	2.4	0.1	74.4	100.0	1,523
Ecological zone							
Lowlands	28.9	3.2	1.8	0.0	66.1	100.0	769
Foothills	23.6	2.9	2.5	0.5	70.5	100.0	250
Mountains	16.6	1.8	2.6	0.0	79.0	100.0	573
Senqu River Valley	16.7	0.0	2.1	0.0	81.2	100.0	77
District							
Butha-Buthe	28.6	7.3	7.6	0.0	56.6	100.0	96
Leribe	30.5	3.0	1.7	0.0	64.7	100.0	279
Berea	19.5	3.0	2.2	0.0	75.3	100.0	220
Maseru	32.3	2.3	2.0	0.4	63.1	100.0	315
Mafeteng	28.5	1.9	0.0	0.0	69.5	100.0	166
Mohale's Hoek	12.5	1.9	1.1	0.0	84.5	100.0	135
Quthing	14.4	0.9	0.9	0.0	83.9	100.0	92
Qacha's Nek	14.1	0.0	9.1	0.0	76.8	100.0	57
Mokhotlong	4.0	1.5	1.5	0.0	93.1	100.0	108
Thaba-Tseka	21.2	2.2	2.1	0.0	74.5	100.0	201
Education							
No education	10.7	0.0	1.5	0.0	87.9	100.0	56
Primary, incomplete	14.0	1.4	1.5	0.0	83.1	100.0	597
Primary, complete	21.7	2.9	3.3	0.0	72.2	100.0	531
Secondary+	38.1	3.8	1.9	0.2	55.9	100.0	485
Wealth quintile							
Lowest	10.2	1.3	1.5	0.0	87.0	100.0	398
Second	16.7	2.4	2.2	0.3	78.5	100.0	445
Middle	21.4	2.9	3.2	0.0	72.4	100.0	286
Fourth	33.9	1.9	2.5	0.0	61.7	100.0	323
Highest	47.9	5.5	1.6	0.0	45.0	100.0	217
Total	23.3	2.5	2.2	0.1	71.9	100.0	1,669

¹ Includes women who received the first postnatal check-up after 41 days

9.5 REPRODUCTIVE HEALTH CARE AND WOMEN'S STATUS

Table 9.10 shows how antenatal care, delivery, and postnatal care coverage differ according to certain measures of women's status. The table does not show any positive correlation between the number of household decisions in which a woman participates and all three variables.

There is a generally steady decline in all three of the reproductive health indicators as the number of reasons for which women believe wife beating is justified increases. Among women who say wife beating is not justified in any of the situations described, 62 percent of births were attended by medical professionals, compared with 38 percent of births among women who reported that wife beating is justified in all five of the situations described.

Table 9.10 Reproductive health care by women's status					
Percentage of women with a live birth in the five years preceding the survey who received antenatal and postnatal care from a health professional for the most recent birth, and percentage of births in the five years preceding the survey for which mothers received professional delivery care, by women's status indicators, Lesotho 2004					
Women's status indicator	Percentage of women who received antenatal care from doctor, nurse/midwife/nursing assistant	Percentage of women who received postnatal care within two days of delivery ¹	Number of women	Percentage of mothers who received delivery care from doctor nurse/midwife/nursing assistant	Number of births
Number of decisions in which woman has final say²					
0	89.7	55.2	333	55.9	394
1-2	90.3	50.2	667	51.0	853
3-4	92.9	56.2	967	57.0	1,220
5	87.9	58.0	892	56.8	1,105
Number of reasons to refuse sex with husband					
0	90.2	54.7	130	48.7	161
1-2	88.9	47.9	435	47.5	571
3-4	90.7	56.7	2,293	57.3	2,840
Number of reasons wife beating is justified					
0	91.1	58.7	1,407	62.1	1,722
1-2	89.6	57.5	693	56.4	854
3-4	90.9	47.8	533	44.9	698
5	86.9	44.1	227	38.3	298
Total	90.4	55.2	2,859	55.4	3,572
¹ Includes mothers who delivered in a health facility					
² Either by herself or jointly with others					

9.6 VACCINATION OF CHILDREN

To assess the Lesotho Expanded Programme for Immunisation (LEPI), the 2004 LDHS collected information on vaccination coverage for all children who were born in the five years preceding the survey. However, the focus of the data presented here is on children age 12-23 months at the time of the survey because they are the age group that should be fully immunised. The LEPI largely follows the World Health Organisation's (WHO) guidelines for vaccinating children. These guidelines stipulate that for a child to be considered fully vaccinated, he/she should receive the following vaccinations: one dose of BCG, three doses each of DPT and polio, and one dose of measles.

BCG should be given at birth or first clinic contact and protects against tuberculosis. DPT protects against diphtheria, pertussis, and tetanus. DPT and polio require three vaccinations at approximately 6, 10, and 14 weeks of age. Measles should be given at or soon after reaching nine months

of age. The government of Lesotho has adopted the WHO goal to ensure completion of vaccinations by 12 months of age. The target is to fully vaccinate 80 percent of children.

Information presented in Table 9.11 was collected in two ways: from vaccination cards (under-five cards) seen by the interviewer, and from mothers' verbal reports if the card was not available. Health facilities in Lesotho routinely provide cards on which vaccinations and other important health indicators are recorded.

If a mother presented such a card to the interviewer, it was used as the source of information by directly transferring dates of vaccination to the questionnaire. Besides collecting vaccination information from cards, there were two ways of collecting information from the mother herself. If a card was presented, but a vaccine was not recorded as having been given, then the mother was asked to recall whether that particular vaccine had been given. In the event that the mother was not able to present a card for a child at all, she was asked to recall whether or not the child had received BCG, DPT and polio (including the number of doses for each), and measles vaccination.

Table 9.11 Vaccinations by source of information

Percentage of children age 12-23 months who received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated by 12 months of age, Lesotho 2004

Source of information	BCG	DPT			Polio				Measles	All ²	No vaccina- tions	Hepatitis B			Number of children
		1	2	3	0 ¹	1	2	3				1	2	3	
Vaccinated at any time before survey															
Vaccination card	76.5	76.3	74.9	71.7	62.6	76.1	74.5	72.3	68.9	62.6	0.0	23.0	16.4	10.1	513
Mother's report	19.9	18.3	16.7	11.1	8.8	19.3	15.7	7.4	16.0	5.2	2.3	8.3	5.5	3.5	147
Either source	96.4	94.6	91.6	82.8	71.4	95.4	90.2	79.7	84.9	67.8	2.3	31.4	22.0	13.6	660
Vaccinated by 12 months of age ³															
	95.3	93.9	89.7	80.4	70.7	94.5	88.3	76.7	74.7	65.5	6.0	28.9	20.0	12.5	660

¹ Polio 0 is the polio vaccination given at birth.

² BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

³ For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccination.

Table 9.11 and Figure 9.2 present information on vaccination coverage, according to the sources of information. The data presented are for children aged 12-23 months, thereby including only those children who have reached the age by which they should be fully vaccinated. Vaccinations are most effective when given at the proper age, so it is recommended that children complete the schedule of immunisations during their first year of life (i.e., by 12 months of age). Sixty-eight percent of children age 12-23 months are fully immunised, while 2 percent received no vaccinations. Sixty-six percent of children age 12-23 months had all the recommended vaccinations by their first birthday.

Figure 9.2 Percentage of Children Age 12-23 Months with Specific Vaccinations, According to Health Cards or Mother's Reports

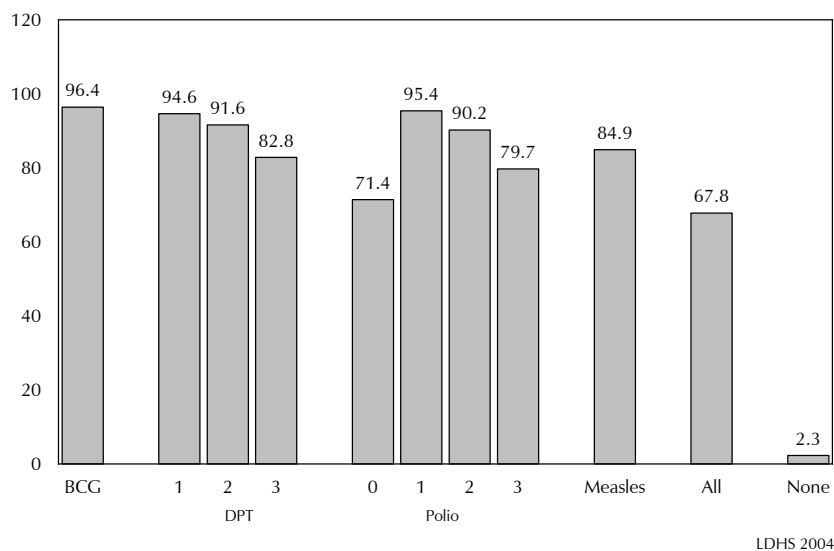


Table 9.12 presents vaccination coverage (according to card information and mothers' reports) among children age 12-23 months by selected background characteristics. At least nine out of ten children receive BCG, DPT 1, DPT 2, polio 1, and Polio 2. However, the proportion of children receiving the third dose of DPT and Polio is lower (83 and 80 percent, respectively), as is the proportion receiving measles (85 percent). Thus, the dropout rate is 12 percent for DPT and 16 percent for polio. This dropout rate represents the proportion of children who receive the first dose of a vaccine but do not go on to get the third dose.

Differentials in coverage levels show that the proportion of children fully vaccinated decreases from 76 percent among first births to 58 percent of children of sixth or higher birth order. Vaccination coverage levels are similar among urban and rural children. By ecological zone, the percentage fully vaccinated ranges from 59 percent in Senqu River Valley to 69 percent in the Lowlands, and by district, it ranges from a low of 53 percent in Quthing to 79 percent in Mafeteng.

Hepatitis B1, B2, and B3 have recently been added to the Lesotho immunisation schedule for children. Table 9.12 shows that 31 percent of children age 12-23 months received Hepatitis B1 vaccine, 22 percent received Hepatitis B2, and 14 percent received Hepatitis B3. Girls are somewhat less likely than boys to have received any of the Hepatitis B vaccines. As with other vaccines, the proportion of children receiving any of the Hepatitis B vaccines decreases with increasing birth order. Urban children are more likely to receive Hepatitis B vaccines than rural children.

Table 9.12 shows that 78 percent of mothers of children age 12-23 months presented a vaccination card.

Table 9.12 Vaccinations by background characteristics

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), and percentage with a vaccination card, by background characteristics, Lesotho 2004

Background characteristic	DPT				Polio				Measles	All ²	No vaccinations	Hepatitis B			Percentage with a health card, seen	Number of children
	BCG	1	2	3	0 ¹	1	2	3				1	2	3		
Sex																
Male	95.1	94.0	91.9	82.4	70.1	95.3	90.6	79.2	85.5	67.4	2.7	26.3	18.3	10.8	77.1	326
Female	97.8	95.1	91.3	83.2	72.5	95.5	89.8	80.2	84.3	68.2	2.0	36.3	25.5	16.4	78.3	334
Birth order																
1	99.0	97.2	94.6	88.4	76.0	96.5	90.8	83.6	91.7	76.0	0.1	35.1	26.2	15.9	80.2	229
2-3	98.7	95.0	92.8	81.6	72.8	98.2	92.6	80.7	84.9	64.7	0.3	34.6	23.5	14.6	76.6	246
4-5	90.8	93.1	90.1	82.9	68.2	92.1	90.3	77.4	80.3	63.9	6.2	26.7	18.6	12.8	79.1	112
6+	89.6	86.9	79.9	69.0	56.8	87.4	80.1	67.6	70.8	58.4	10.4	16.1	8.7	4.6	71.3	73
Residence																
Urban	96.4	96.9	95.2	84.4	89.4	99.1	94.9	83.9	91.1	68.0	0.0	37.0	29.0	18.1	78.2	99
Rural	96.4	94.1	90.9	82.5	68.2	94.7	89.4	79.0	83.8	67.8	2.8	30.4	20.7	12.8	77.6	560
Ecological zone																
Lowlands	96.0	94.9	92.4	83.6	78.5	97.4	93.1	84.6	85.4	69.3	1.9	37.6	27.8	17.4	81.1	348
Foothills	94.4	95.5	92.1	86.2	70.2	93.9	85.8	78.0	83.1	67.0	4.5	28.6	18.5	8.7	82.3	76
Mountains	97.3	93.8	89.7	79.6	56.9	92.0	85.9	71.7	85.3	67.1	2.7	22.5	14.3	10.2	71.1	198
Senqu River Valley	100.0	93.4	92.8	85.4	83.9	98.2	94.5	81.1	82.1	59.4	0.0	26.4	15.9	6.6	71.6	38
District																
Butha-Buthe	99.4	98.3	93.9	88.2	82.4	98.2	90.5	76.4	89.9	72.5	0.6	36.6	23.1	11.6	78.6	35
Leribe	94.9	96.6	95.1	86.1	77.2	92.8	88.8	81.5	87.2	69.5	2.6	34.1	19.9	13.5	86.6	117
Berea	90.9	92.8	90.9	77.1	60.0	95.2	90.3	75.8	78.8	55.7	4.8	38.7	28.5	13.4	75.2	67
Maseru	96.0	91.3	86.9	77.3	82.2	96.9	91.3	79.7	85.3	62.8	2.4	33.1	27.8	15.7	76.9	135
Mafeteng	97.7	97.7	90.1	87.4	68.4	97.3	89.6	86.2	85.7	78.7	2.3	32.8	25.1	22.8	81.1	65
Mohale's Hoek	98.8	95.5	94.3	86.6	68.9	95.2	89.9	80.4	80.7	68.2	1.2	39.2	23.1	11.8	75.7	68
Quthing	96.2	91.9	90.0	77.8	78.1	95.2	90.1	75.0	72.0	53.1	3.8	20.0	11.6	4.4	69.5	43
Qacha's Nek	96.5	89.6	88.6	74.8	76.4	88.6	81.7	71.3	88.8	70.5	3.5	35.4	18.1	11.2	80.9	24
Mokhotlong	100.0	100.0	99.7	94.4	63.5	100.0	96.5	87.7	92.3	83.2	0.0	9.8	7.7	7.7	86.7	45
Thaba-Tseka	98.3	93.1	89.4	80.7	47.4	93.1	89.6	75.8	89.4	71.8	1.7	23.5	20.0	14.8	61.2	61
Education																
No education	84.8	84.8	76.7	51.3	60.4	69.1	69.1	51.3	74.2	48.8	15.2	17.7	9.9	0.0	66.9	11
Primary, incomplete	94.4	91.5	85.8	74.1	60.5	93.1	87.5	72.0	80.6	61.4	4.3	25.4	14.6	9.4	70.8	188
Primary, complete	97.3	96.1	94.9	86.9	69.7	96.5	91.4	81.7	89.1	73.0	1.5	27.0	20.6	14.1	76.3	215
Secondary+	97.8	96.0	93.7	87.2	81.5	97.3	92.0	85.1	85.0	69.0	1.0	40.3	29.3	17.1	84.7	246
Wealth quintile																
Lowest	93.6	93.4	89.6	80.0	64.0	90.6	86.2	75.8	81.9	66.1	5.2	18.3	11.7	8.8	73.0	130
Second	99.3	93.8	89.8	80.0	60.0	96.4	89.6	75.4	87.6	67.9	0.7	28.3	18.8	9.1	73.8	154
Middle	95.9	94.9	91.7	83.1	65.3	94.5	92.0	81.3	85.3	68.8	3.3	38.3	26.2	15.1	78.4	111
Fourth	95.0	93.8	90.6	81.6	76.7	96.6	90.5	83.6	84.7	67.0	1.9	34.8	24.7	15.3	84.8	136
Highest	97.8	97.1	96.6	90.0	92.1	98.5	93.0	83.5	84.6	69.4	1.1	38.6	29.7	20.9	79.1	128
Total	96.4	94.6	91.6	82.8	71.4	95.4	90.2	79.7	84.9	67.8	2.3	31.4	22.0	13.6	77.7	660

¹ Polio 0 is the polio vaccination given at birth.

² BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

In the 2001 EMICS, the proportion of children fully vaccinated before their first birthday was 77 percent, higher than the 2004 LDHS reported coverage of 68 percent. The coverage for individual vaccines has increased since 2000 with the exception of DPT3 (a decrease from 86 percent in 2000 to 83 percent in 2004) and Polio3 (a decrease from 84 to 80 percent for Polio3).

Table 9.13 shows the percentage of children age 12-59 months at the time of the survey who received specific vaccines by 12 months of age, and the percentage with a vaccination card, by current age of child. Half of the children received all vaccines by 12 months of age. Children in the 48-59 month age cohort were less likely (40 percent) to have received all their vaccines compared with those in the 12-23 month age cohort (60 percent). This pattern is true for each individual vaccine.

Table 9.13 Vaccinations in first year of life

Percentage of children under five years of age at the time of the survey who received specific vaccines by 12 months of age, and percentage with a vaccination card, by current age of child, Lesotho 2004

Current age of child in months	BCG	DPT			Polio				Measles	All ²	No vaccinations	Hepatitis B			Percentage with a health card, seen	Number of children
		1	2	3	0 ¹	1	2	3				1	2	3		
12-23	95.3	93.9	89.7	80.4	70.7	94.5	88.3	76.7	74.7	59.7	3.0	28.9	20.0	12.5	77.7	660
24-35	91.6	89.7	84.5	77.4	61.3	88.8	83.4	74.3	69.5	53.2	6.3	6.2	5.6	4.3	70.6	643
36-47	89.1	85.2	79.1	67.6	62.9	85.4	77.2	63.5	60.7	44.2	9.3	7.3	7.6	4.5	64.7	615
48-59	87.1	83.4	78.4	66.9	62.0	84.9	77.9	61.5	58.8	40.3	11.4	5.0	4.0	3.7	61.9	578
Total	91.0	88.4	83.3	73.5	64.4	88.7	82.1	69.4	66.8	49.9	7.2	13.7	9.8	6.4	69.0	2,495

Note: Information was obtained from the vaccination card or if there was no written record, from the mother. For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccinations.

¹ Polio 0 is the polio vaccination given at birth.

² BCG, measles and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

9.7 ACUTE RESPIRATORY INFECTION AND FEVER

Medical records show that pneumonia is among the top ten causes of hospital admissions and among the top five causes of infant and under five mortality in Lesotho. The Lesotho Government introduced the Integrated Management of Childhood Illness (IMCI) in 1998, the orientation workshop took place in 2001 and immediately after the workshop some health personnel were selected to attend training in different African countries. The implementation, however, began in 2003 in six districts (Mokhotlong, Butha-Buthe, Maseru, Mafeteng, Quthing, and Berea) comprising of eight Health Service Areas (Mokhotlong, Seboche, Maluti, Queen Elizabeth II, Mafeteng, St. Joseph, Quthing, and Scott). There is a plan to expand the implementation to other districts before the end of 2005. The last component of Community IMCI was introduced in 2005 and the strategic plan for IMCI has been drafted. The aim is to train about 500 health workers, but only 16 percent have been trained up to this level. The strategy's core interventions are integrated management of the four most important causes of death among children under five, namely acute respiratory infection (ARI), diarrhoea, measles, and malnutrition and anaemia.

One of the IMCI approaches to combating ARI is to treat cases of ARI early before complications develop. Early diagnosis and treatment with antibiotics can prevent a large proportion of deaths resulting from pneumonia. Emphasis is therefore placed on early recognition of signs of impending severity, both by mothers and primary health care workers, so that help can be sought.

It should be noted that prevalence of ARI as measured by the 2004 LDHS is based on mothers' subjective assessment of the child's symptoms (i.e., whether the child has been ill with a cough accompanied by short, rapid breathing in the two weeks preceding the survey). These signs are compatible with pneumonia. However, morbidity data collected in surveys are subjective (i.e., mother's perception of illness) and not validated by medical examination.

Table 9.14 shows that 19 percent of children under five were ill with a cough and rapid breathing during the two weeks preceding the survey. The reported prevalence of symptoms suggests that pneumonia peaks at age 6-11 months.

Looking at residence, proportion of children with ARI symptoms is higher in rural areas (20 percent) compared with urban areas (14 percent). District differentials shows that Thaba-Tseka has the largest proportion of children with ARI symptoms (25 percent), and Butha-Buthe has the lowest level (12 percent). ARI prevalence is lower for children whose mothers have some secondary education (14 percent) and higher for children whose mother have no education (27 percent).

Table 9.14 Prevalence and treatment of symptoms of ARI and fever

Percentage of children under five years who had a cough accompanied by short, rapid breathing (symptoms of ARI) and percentage of children who had fever in the two weeks preceding the survey, and percentage of children with symptoms of ARI and/or fever for whom treatment was sought from a health facility or provider, by background characteristics, Lesotho 2004

Background characteristic	Percentage of children with symptoms of ARI	Percentage of children with fever	Number of children	Among children with symptoms of ARI and/or fever, percentage for whom treatment was sought from a health facility/provider ¹	Among children with symptoms of ARI and/or fever, percentage for whom treatment was sought from a traditional healer	Number of children
Age in months						
<6	14.3	20.6	392	56.5	9.1	93
6-11	29.5	42.2	340	58.7	8.4	156
12-23	23.2	32.0	660	62.2	2.5	235
24-35	19.4	24.7	643	48.5	4.4	185
36-47	14.7	22.7	615	49.5	4.4	154
48-59	13.7	15.5	578	47.2	1.9	118
Sex						
Male	18.8	25.7	1,651	54.9	4.4	481
Female	18.7	25.4	1,576	53.9	5.1	460
Residence						
Urban	13.9	19.8	457	56.8	2.8	100
Rural	19.5	26.5	2,770	54.1	5.0	841
Ecological zone						
Lowlands	16.2	24.6	1,605	56.1	5.0	451
Foothills	21.8	31.8	418	50.8	5.3	144
Mountains	22.0	25.4	988	52.7	4.7	296
Senqu River Valley	16.4	21.2	215	59.2	0.5	50
District						
Butha-Buthe	11.6	30.7	185	50.3	0.3	59
Leribe	22.2	31.8	490	60.5	6.0	176
Berea	19.8	28.2	365	50.6	2.8	115
Maseru	12.6	18.9	654	43.6	9.3	138
Mafeteng	19.3	23.8	347	57.5	5.5	105
Mohale's Hoek	23.6	32.6	309	60.5	2.5	112
Quthing	14.1	18.4	229	47.7	3.3	48
Qacha's Nek	24.2	25.7	139	48.9	7.3	41
Mokhotlong	19.4	21.4	230	62.8	4.4	55
Thaba-Tseka	24.5	26.7	280	56.3	2.3	93
Education						
No education	27.2	32.4	79	*	*	30
Primary, incomplete	21.9	28.5	1,041	49.7	7.5	335
Primary, complete	20.4	24.8	1,022	58.8	2.0	299
Secondary+	13.5	22.8	1,086	57.5	4.4	277
Mother's smoking status						
Smokes cigarettes/tobacco	24.6	31.8	478	50.4	3.1	168
Does not smoke cigarettes/tobacco	17.7	24.5	2,747	55.3	5.1	773
Wealth quintile						
Lowest	24.8	28.4	680	43.7	6.7	225
Second	21.1	26.0	779	54.9	7.4	239
Middle	17.8	26.5	570	58.7	2.0	176
Fourth	16.5	24.7	646	60.4	2.3	176
Highest	11.5	21.2	552	58.1	3.3	126
Total	18.7	25.5	3,227	54.4	4.7	941

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

ARI = Acute Respiratory Infection

¹ Excludes pharmacy, shop, and traditional practitioner

Twenty-six percent of children under five were reported to have had fever in the two weeks preceding the survey. Fever is more common among children aged 6-11 months (42 percent) and decreases with age, the lowest prevalence being at age 48-59 months (16 percent). Prevalence of fever does not have a significant difference in males and females. Looking at ecological zone and district, Foothills (32 percent) and Mphahle's Hoek (33 percent) have the highest proportion of children with fever, and Senqu River Valley (21 percent) and Quthing (18 percent) have the lowest. Children of mothers with no education are more likely to have fever (32 percent) than those whose mothers have some secondary education (23 percent).

Fifty-four percent of children with symptoms of ARI and/or fever are taken to a health facility or provider for treatment compared with 5 percent who seek treatment from traditional healers. Younger and urban children with ARI symptoms and/or fever are more likely to be taken to a health facility or provider than older children and those from rural areas. Children of mothers with higher education or who live in wealthier households are more likely than other children to be taken to a health facility or provider when they have ARI symptoms and/or fever.

9.8 DIARRHOEAL DISEASE

Poor hygiene, which includes poor disposal of faecal matter, contributes to the spread of disease, especially diarrhoea. Table 9.15 shows that the most commonly used method of disposal of young children's stools is using washable diapers (25 percent). Other methods of disposal include throwing stools in the toilet/latrine (20 percent).

A closer look at the table shows marked differentials by district in the disposal of faecal matter. In Mokhotlong and Thaba-Tseka only 6 percent of mothers throw their child's faecal matter into a latrine, and 69 and 53 percent, respectively, throw the faecal matter outside the dwelling or outside the yard. Use of diapers is highest in Quthing (36 percent) and lowest in Thaba-Tseka (13 percent). Uneducated women are less likely to use toilets or latrines for disposal of faecal matter, compared with more educated women (11 and 39 percent, respectively). As expected, mothers who have no toilet facilities in their household are much less likely to dispose of their children's stools in toilets.

Table 9.15 Disposal of children's stools

Percent distribution of mothers whose youngest child under five years is living with her by way in which child's faecal matter is disposed of, according to background characteristics and type of toilet facilities in household, Lesotho 2004

Background characteristic	Stools contained			Stools uncontained				Use diapers				Total	Number of mothers
	Child always uses toilet/latrine	Thrown into toilet/latrine	Buried in yard	Thrown outside dwelling	Thrown outside yard	Rinsed away	Not disposed of	Disposable	Washable	Other	Missing		
Residence													
Urban	16.6	40.2	4.8	2.0	2.3	0.8	0.5	0.5	31.2	0.0	1.0	100.0	347
Rural	6.8	17.1	10.6	10.7	18.7	4.7	5.1	1.0	24.4	0.1	0.7	100.0	2,159
Ecological zone													
Lowlands	12.4	31.3	9.1	3.7	8.4	3.2	2.7	0.8	27.6	0.2	0.7	100.0	1,289
Foothills	4.1	15.9	10.7	12.8	17.9	5.5	8.1	0.6	24.1	0.0	0.3	100.0	323
Mountains	3.7	5.2	8.8	19.1	28.5	5.4	6.5	1.1	20.6	0.1	1.0	100.0	724
Senqu River Valley	3.1	10.0	17.9	6.7	23.5	3.4	2.2	2.2	30.4	0.0	0.5	100.0	170
District													
Butha-Buthe	11.7	29.9	10.7	3.5	8.4	2.4	1.2	0.8	31.4	0.0	0.0	100.0	145
Leribe	8.7	25.7	2.1	5.7	7.4	2.7	18.1	0.5	28.6	0.0	0.5	100.0	383
Berea	6.1	34.6	10.3	6.4	7.6	9.4	0.6	1.1	22.9	0.0	1.1	100.0	303
Maseru	11.3	21.0	13.0	9.6	11.0	2.7	0.2	0.9	29.3	0.4	0.6	100.0	489
Mafeteng	13.5	26.8	13.3	3.5	12.4	4.1	0.5	0.1	25.2	0.0	0.5	100.0	286
Mohale's Hoek	5.6	16.7	10.3	12.1	25.3	2.4	3.5	0.3	23.2	0.0	0.6	100.0	238
Quthing	2.7	7.6	19.4	4.6	25.1	3.8	0.0	2.2	33.5	0.0	1.0	100.0	182
Qacha's Nek	1.5	6.8	8.8	5.4	19.2	2.0	26.6	5.8	24.0	0.0	0.0	100.0	99
Mokhotlong	1.5	5.9	1.3	22.6	46.0	3.7	1.0	0.0	17.7	0.0	0.5	100.0	162
Thaba-Tseka	9.1	6.0	9.2	25.7	27.4	7.3	0.0	1.0	11.8	0.5	2.1	100.0	219
Education													
No education	6.5	4.1	12.3	13.8	36.2	1.9	4.5	1.4	19.3	0.0	0.0	100.0	60
Primary, incomplete	4.2	12.0	10.7	13.5	20.7	6.0	6.9	0.9	23.7	0.0	1.4	100.0	778
Primary, complete	8.1	21.8	10.8	9.7	17.3	4.4	2.7	0.8	23.9	0.4	0.2	100.0	795
Secondary+	11.9	27.5	8.1	5.6	10.6	2.5	3.8	1.0	28.5	0.0	0.6	100.0	873
Toilet facilities													
None	2.7	4.5	12.8	16.2	27.9	5.3	6.0	1.0	22.6	0.3	0.8	100.0	1,214
Pit latrine	13.9	33.2	6.6	2.4	5.9	3.5	3.2	0.8	29.9	0.0	0.5	100.0	780
Improved latrine	12.3	38.2	8.2	4.8	5.0	2.4	2.7	1.0	24.4	0.0	1.0	100.0	480
Flush toilet	*	*	*	*	*	*	*	*	*	*	*	100.0	25
Wealth quintile													
Lowest	2.0	2.0	9.3	21.7	30.1	6.7	6.8	1.2	19.1	0.0	1.0	100.0	501
Second	3.4	7.3	15.0	12.2	24.0	5.6	5.8	0.7	24.4	0.5	1.0	100.0	579
Middle	5.8	23.7	10.8	7.9	16.4	3.2	4.1	1.6	26.0	0.0	0.5	100.0	443
Fourth	12.4	35.3	7.7	3.1	6.3	2.8	3.9	1.2	27.4	0.0	0.0	100.0	537
Highest	18.5	36.3	5.5	1.8	3.6	2.0	0.9	0.1	30.3	0.0	1.1	100.0	446
Total	8.2	20.3	9.8	9.5	16.5	4.1	4.5	0.9	25.3	0.1	0.7	100.0	2,506

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Dehydration caused by severe diarrhoea is a major cause of morbidity and mortality among children in Lesotho. In the 2004 LDHS, women with children under age five were asked if the youngest child had diarrhoea in the two weeks preceding the survey. Table 9.16 presents the prevalence of diarrhoea among children under five. Fourteen percent of children had experienced diarrhoea in the two weeks preceding the survey. Diarrhoea prevalence increases with age to peak at 6-11 months (28 percent), then falls at older ages.

There are only small variations in the prevalence of diarrhoea by sex, residence, and wealth quintile. Mokhotlong has a considerably lower prevalence of diarrhoea (8 percent) than other provinces. Diarrhoea is less common among children whose mothers have some secondary education than those whose mothers have less education.

A simple and effective response to a child's dehydration is prompt increase in intake of appropriate fluids, possibly in the form of solution prepared from oral rehydration salts (ORS). In Lesotho, families are encouraged to rehydrate children with either the commercially packaged ORS, or other fluids prepared at home with locally obtained ingredients: water, salt, and sugar (*motsoako*) as has been taught by health professionals. They are also advised to prevent malnutrition from diarrhoea by continuing and increasing the feeding of children who have diarrhoea. Dehydration can be treated by the use of ORS, or if dehydration is severe, intravenous fluids. ORS is usually distributed through health facilities and pharmacies, and is also available in local shops, while preparation of recommended home-made fluids is taught in health facilities. To assess the extent of familiarity with ORS, women interviewed in the 2003 LDHS who had a birth in the five years preceding the survey were asked if they had ever heard of a special product called ORS that you can get for the treatment of diarrhoea. The results are shown in Table 9.17.

Table 9.16 Prevalence of diarrhoea

Percentage of children under five years with diarrhoea in the two weeks preceding the survey, by background characteristics, Lesotho 2004

Background characteristic	Diarrhoea in the two weeks preceding the survey	Number of children
Age in months		
<6	8.5	392
6-11	27.9	340
12-23	25.4	660
24-35	11.2	643
36-47	5.9	615
48-59	7.5	578
Sex		
Male	13.8	1,651
Female	14.0	1,576
Residence		
Urban	8.9	457
Rural	14.7	2,770
Ecological zone		
Lowlands	13.7	1,605
Foothills	18.2	418
Mountains	12.4	988
Senqu River Valley	13.5	215
District		
Butha-Buthe	12.9	185
Leribe	16.7	490
Berea	16.1	365
Maseru	12.3	654
Mafeteng	11.2	347
Mohale's Hoek	19.5	309
Quthing	10.0	229
Qacha's Nek	13.3	139
Mokhotlong	8.4	230
Thaba-Tseka	15.3	280
Mother's education		
No education	15.5	79
Primary, incomplete	16.6	1,041
Primary, complete	13.3	1,022
Secondary+	11.7	1,086
Source of drinking water		
Piped	13.0	1,758
Protected well	12.2	65
Open well	14.2	712
Surface	15.0	277
Other/missing	16.3	416
Wealth quintile		
Lowest	14.3	680
Second	18.1	779
Middle	14.7	570
Fourth	12.7	646
Highest	7.9	552
Total	13.9	3,227

Table 9.17 Knowledge of ORS packets

Percentage of mothers with births in the five years preceding the survey who know about ORS packets for treatment of diarrhoea, by background characteristics, Lesotho 2004

Background characteristic	Percentage of mothers who know about ORS packets	Number of mothers
Age		
15-19	82.6	261
20-24	86.3	861
25-29	90.1	640
30-34	91.4	455
35-49	91.4	642
Residence		
Urban	93.5	448
Rural	87.9	2,411
Ecological zone		
Lowlands	92.1	1,508
Foothills	88.5	351
Mountains	83.9	810
Senqu River Valley	83.8	190
District		
Butha-Buthe	93.1	162
Leribe	91.7	446
Berea	82.6	332
Maseru	92.8	594
Mafeteng	95.8	313
Mohale's Hoek	87.0	275
Quthing	80.1	203
Qacha's Nek	94.6	109
Mokhotlong	86.2	183
Thaba-Tseka	78.4	240
Education		
No education	80.2	68
Primary, incomplete	83.6	877
Primary, complete	89.1	890
Secondary+	93.5	1,024
Wealth quintile		
Lowest	83.8	541
Second	86.4	645
Middle	89.1	510
Fourth	91.6	621
Highest	93.0	542
Total	88.8	2,859

ORS = Oral rehydration salts

Nearly nine in ten mothers had heard of ORS packets. Knowledge of ORS increases with age and level of education of the mother. Mothers in urban areas are 6 percent more likely to know about ORS than rural mothers (94 and 88 percent, respectively). Among districts, mothers in Mafeteng (96 percent) are more likely to know about ORS than mothers in other districts, and women in the highest wealth quintile (93 percent) have more knowledge of ORS compared with those in the other quintiles.

Table 9.18 shows data concerning treatment of recent episodes of diarrhoea among children less than five years of age, as reported by the mothers. Results indicate that 31 percent of children with diarrhoea in the two weeks preceding the survey were taken to a health facility for treatment compared with 8 percent taken to traditional healers. Male children are more likely to be taken to a health facility for treatment than female children. Female children are more likely than male children to be taken to a traditional healer in the case of diarrhoea. District variations are hard to determine because of small numbers.

Background characteristic	Percentage taken to a health facility/provider ¹	Percentage taken to a traditional healer	Oral rehydration therapy (ORT)					Other treatments					Number of children
			ORS packets	RHF	Either ORS or RHF	In-creased fluids	ORS, RHF, or in-creased fluids	Pill/syrup	Injection	Intra-venous solution	Home remedy/other	No treatment	
Age in months													
<6	(26.8)	(11.9)	(14.3)	(54.0)	(59.6)	(14.1)	(61.8)	(18.5)	(0.0)	(0.0)	(17.2)	(23.9)	33
6-11	33.7	8.4	42.2	49.4	71.4	21.9	71.4	26.4	4.9	0.0	15.2	17.5	95
12-23	31.8	8.2	46.8	57.1	79.3	39.2	86.8	16.4	4.0	2.4	22.0	9.7	167
24-35	29.7	5.5	45.4	61.4	80.3	42.6	85.6	15.8	0.0	0.6	19.8	14.4	72
36-47	(31.1)	(11.3)	(36.0)	(50.5)	(71.8)	(28.6)	(73.5)	(21.7)	(2.7)	(0.0)	(18.2)	(15.3)	(37)
48-59	(21.9)	(6.8)	(42.8)	(55.0)	(74.1)	(26.3)	(78.1)	(16.0)	(0.0)	(0.0)	(17.6)	(21.9)	(43)
Sex													
Male	31.3	6.3	42.4	55.8	75.3	26.8	79.6	22.2	4.2	1.1	21.9	13.6	227
Female	29.6	10.2	41.4	54.6	75.1	37.5	79.6	15.6	1.2	0.9	16.2	16.0	220
Residence													
Urban	39.0	1.1	46.8	62.0	84.9	35.8	90.7	32.2	7.4	1.1	3.9	8.2	41
Rural	29.6	8.9	41.4	54.5	74.2	31.7	78.5	17.6	2.3	1.0	20.6	15.5	406
Ecological zone													
Lowlands	34.1	8.2	48.6	56.1	80.5	34.5	85.6	24.1	2.1	1.6	17.1	8.2	220
Foothills	23.4	5.0	31.9	63.0	75.2	31.7	77.4	12.0	6.5	0.5	19.8	18.9	76
Mountains	30.6	12.1	39.0	47.0	67.3	29.4	72.0	14.3	2.2	0.0	23.5	22.8	123
Senqu River Valley	(21.3)	(0.0)	(29.4)	(62.1)	(68.3)	(26.2)	(71.5)	(18.4)	(0.0)	(1.5)	(13.6)	(20.2)	29
District													
Butha-Buthe	(35.3)	(1.7)	(31.6)	(70.8)	(73.4)	(34.6)	(79.2)	(16.1)	(1.8)	(0.0)	(9.1)	(16.8)	24
Libere	34.5	2.5	51.4	50.6	77.8	34.7	81.3	16.5	5.9	2.5	16.6	18.7	82
Berea	(35.2)	(8.9)	(48.3)	(59.7)	(85.9)	(35.2)	(88.7)	(25.7)	(2.7)	(0.0)	(19.5)	(2.2)	59
Maseru	23.8	15.2	37.5	54.4	73.4	37.1	78.6	20.7	1.5	0.0	26.4	13.5	80
Mafeteng	(34.4)	14.8	50.4	67.3	83.8	36.2	87.5	21.7	0.0	3.8	26.1	8.0	39
Mohale's Hoek	29.9	4.1	42.4	54.8	74.6	25.2	80.0	19.1	2.6	0.7	9.9	14.4	60
Quthing	*	*	*	*	*	*	*	*	*	*	*	*	23
Qacha's Nek	*	*	*	*	*	*	*	*	*	*	*	*	19
Mokhotlong	*	*	*	*	*	*	*	*	*	*	*	*	19
Thaba-Tseka	(22.8)	(2.5)	(27.7)	(52.6)	(70.5)	(28.4)	(73.0)	(15.1)	(2.5)	(0.0)	(20.0)	(22.1)	43
Mother's education													
No education	*	*	*	*	*	*	*	*	*	*	*	*	12
Primary, incomplete	26.8	9.3	37.7	55.2	73.9	28.0	77.8	16.9	2.0	1.2	21.4	14.0	172
Primary, complete	35.0	9.2	49.1	57.2	75.9	31.3	79.9	20.4	2.4	0.0	19.7	15.8	136
Secondary+	31.2	5.7	39.8	52.1	75.5	39.1	81.4	20.9	3.8	1.8	15.8	14.6	127
Wealth quintile													
Lowest	27.7	11.4	35.4	53.8	65.9	30.2	69.7	8.0	2.8	0.0	26.5	23.2	97
Second	27.7	9.5	37.1	55.2	78.5	31.0	82.5	16.1	2.8	1.3	22.7	11.5	141
Middle	28.7	8.5	48.1	53.3	70.2	33.9	76.1	18.3	1.2	2.4	10.8	16.7	84
Fourth	42.6	3.8	52.9	53.5	82.4	29.0	87.2	35.9	2.0	0.5	18.5	8.6	82
Highest	26.3	4.8	39.4	65.0	81.2	42.2	84.6	22.0	6.9	0.0	8.1	14.4	44
Total	30.5	8.2	41.9	55.2	75.2	32.1	79.6	19.0	2.7	1.0	19.1	14.8	447

Note: ORT includes solution prepared from oral rehydration salt (ORS) packets, recommended home fluids (RHF), or increased fluids. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

¹ Excludes pharmacy, shop, and traditional practitioner

Forty-two percent of children with diarrhoea are treated with a solution made from ORS packets. Eighty percent of the children with diarrhoea are given ORS, RHF, or more fluids to drink than before the diarrhoea occurred. Nineteen percent of children with diarrhoea are treated with a pill or syrup and an equal proportion are given home-made remedies or herbal medicines. The home-made remedies or herbal remedies are more likely to be given to younger children and children in rural areas. Fifteen percent of children with diarrhoea were given no treatment at all.

To gauge knowledge about drinking and eating practices for a child with diarrhoea, mothers with children under five who had had diarrhoea in the two weeks preceding the survey were asked about the drinking and eating patterns of these children, compared with normal practice. Table 9.19 shows that 32 percent of children with diarrhoea are given more to drink than usual, and 36 percent are given the same as usual. It is particularly disconcerting to note that 20 percent of children with diarrhoea are given much less or nothing to drink.

Food intake is curtailed even more than fluid intake during an episode of diarrhoea. One in three children with diarrhoea are offered the same amount of food as usual, and only one in ten are given more than usual. Twenty-six percent of children with diarrhoea are given somewhat less food to eat than usual, while 27 percent are given much less or no food at all. These patterns reflect a gap in practical knowledge among some mothers regarding the nutritional requirements of children during episodes of diarrhoeal illness. This indicates a need for further health education efforts to reduce the number of children becoming dehydrated or malnourished because of diarrhoea.

9.9 CHILD HEALTH INDICATORS AND WOMEN'S STATUS

Table 9.20 shows the relationship between indicators of children's health and women's status. The results show that vaccination coverage and the proportion of children taken to health providers with fever or symptoms of ARI are negatively related with the number of household decisions in which a woman participates. There is no apparent relationship between the women status and the proportion of children taken to traditional healers when they have fever or symptoms of ARI. There is a negative relationship between the child health measures and the number of circumstances in which the mother feels a woman is justified in refusing to have sex with her husband.

Nine percent of women who take their children with diarrhoea to traditional healers believe that wife beating is not justified for any reason, while 7 percent believe that wife beating is justified for 5-6 reasons. However, for women who take their children to the health provider when they have diarrhoea, the reverse is true, 24 percent of them believe that wife beating is not justified for any reason compared with 44 percent who believe that wife beating is justified for 5-6 reasons.

Table 9.19 Feeding practices during diarrhoea

Percent distribution of children under five years who had diarrhoea in the two weeks preceding the survey by amount of liquids and food offered compared with normal practice, Lesotho 2004

Liquid/food offered	Percent
Amount of liquids offered	
Same as usual	35.6
More	32.1
Somewhat less	11.9
Much less	12.7
None	7.0
Don't know/missing	0.7
Total	100.0
Amount of food offered	
Same as usual	30.2
More	10.1
Somewhat less	25.8
Much less	21.0
None	6.1
Never gave food	5.6
Don't know/missing	1.2
Total	100.0
Number of children	447

Table 9.20 Children's health care by women's status

Percentage of children age 12-23 months who were fully vaccinated, and percentage of children under five years who were ill with a fever, symptoms of ARI and/or diarrhoea, in the two weeks preceding the survey taken to a health provider for treatment, by women's status indicators, Lesotho 2004

Women's status indicator	Percentage of children 12-23 months fully vaccinated ¹	Number of children	Percentage of children with fever and/or symptoms of ARI taken to health provider ²	Percentage of children with fever and/or symptoms of ARI taken to a traditional healer	Number of children	Percentage of children with diarrhoea taken to a health provider ²	Percentage of children with diarrhoea taken to a traditional healer	Number of children
Number of decisions in which woman has final say³								
0	71.7	81	60.2	5.9	100	31.4	8.5	59
1-2	67.6	153	53.3	8.6	242	34.2	12.8	120
3-4	67.9	222	53.4	1.5	345	32.3	3.8	164
5	66.3	204	54.5	4.9	254	22.8	9.6	104
Number of reasons to refuse sex with husband								
0	59.4	23	57.6	1.7	48	31.5	5.0	24
1-2	73.0	111	52.7	5.2	166	36.0	9.0	82
3-4	67.1	526	54.6	4.8	727	29.1	8.2	341
Number of reasons wife beating is justified								
0	65.1	312	56.6	4.3	375	23.8	9.1	161
1-2	77.3	161	53.1	3.2	252	27.3	9.1	126
3-4	62.2	146	55.9	6.6	216	37.5	6.4	107
5-6	70.3	41	46.1	6.3	99	44.4	6.9	53
Total	67.8	660	54.4	4.7	941	30.5	8.2	447

¹ Those who have received BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

² Excludes pharmacy, shops, and traditional practitioner

³ Either by herself or jointly with others

9.10 WOMEN'S PERCEPTIONS OF PROBLEMS IN OBTAINING HEALTH CARE

The 2004 LDHS included a series of questions aimed at obtaining information on the problems women perceived as barriers to accessing health care for themselves. This information is particularly important in understanding and addressing the barriers women may face in seeking care in general. To obtain this information, all 2004 LDHS respondents were asked whether each of the following factors would pose a big problem in obtaining medical advice or treatment when they are sick: knowing where to go, getting permission to go, getting money needed for treatment, distance to the health facility, having to take transport, not wanting to go alone, and concern that there may not be a female provider. Table 9.21 shows the percentage of women who reported that they have big problems in accessing health care for themselves when they are sick, by type of problem and background characteristics.

Table 9.21 Problems in accessing health care

Percentage of women who reported they have a big problem in accessing health care for themselves when they are sick, by type of problem and background characteristics, Lesotho 2004

Background characteristic	Problems in accessing health care:								Number of women
	Knowing where to go for treatment	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Having to take transport	Not wanting to go alone	Concern there may not be a female provider	Any of the specified problems	
Age									
15-19	3.7	2.2	32.4	25.8	26.3	14.4	10.1	51.9	1,710
20-29	2.4	2.1	37.3	26.9	28.4	10.5	6.4	53.9	2,507
30-39	2.7	1.7	40.2	26.7	28.4	11.1	6.1	55.0	1,545
40-49	3.6	1.4	50.0	31.6	32.8	12.0	5.7	62.4	1,334
Number of living children									
0	3.3	1.9	31.4	24.2	24.3	13.1	8.9	50.2	2,386
1-2	2.8	2.3	38.7	26.6	28.4	10.6	6.6	53.7	2,563
3-4	2.8	1.3	46.2	29.9	31.6	11.0	5.7	60.7	1,327
5+	3.2	1.9	51.8	36.0	37.9	13.5	5.6	65.9	820
Marital status									
Never married	3.1	2.0	33.1	22.9	23.2	12.0	8.5	49.8	2,373
Married or living together	2.9	2.2	38.9	29.3	30.7	11.5	6.6	56.1	3,709
Divorced/separated/widowed	3.4	0.9	54.3	31.3	34.5	12.4	5.6	65.1	1,014
Residence									
Urban	2.4	1.3	31.7	7.4	10.9	5.1	4.5	40.1	1,682
Rural	3.2	2.1	41.5	33.7	34.3	13.9	7.9	59.9	5,413
Ecological zone									
Lowlands	2.8	1.6	34.2	20.4	21.7	9.9	6.7	48.9	4,299
Foothills	3.2	2.3	44.8	40.8	37.4	13.6	9.3	63.8	787
Mountains	4.0	2.8	47.5	37.9	40.7	17.1	7.5	65.6	1,572
Senqu River Valley	1.7	0.9	47.9	35.2	39.3	8.7	5.6	64.4	437
District									
Butha-Buthe	4.2	0.8	26.9	25.6	24.8	6.3	6.6	46.7	458
Leribe	2.8	1.7	29.8	20.0	19.3	9.7	7.3	44.3	1,065
Berea	3.5	3.6	45.4	35.4	36.2	16.6	8.4	65.4	776
Maseru	2.4	1.4	38.5	19.2	20.3	8.8	5.4	51.9	1,868
Mafeteng	1.9	0.9	33.0	24.1	23.6	9.2	5.8	46.9	755
Mohale's Hoek	5.3	3.4	43.3	39.9	46.4	20.6	13.3	64.6	684
Quthing	1.3	0.4	49.7	37.9	37.6	5.9	4.5	62.7	461
Qacha's Nek	8.2	3.5	53.4	46.0	54.4	16.6	12.4	75.3	233
Mokhotlong	0.8	0.7	48.4	40.3	40.8	18.6	3.9	66.0	360
Thaba-Tseka	3.5	4.0	44.2	23.8	26.3	16.5	7.3	59.2	435
Education									
No education	5.6	3.5	61.5	50.1	51.3	20.6	9.7	75.4	145
Primary, incomplete	4.1	2.9	48.4	36.4	37.7	16.0	8.5	65.4	2,136
Primary, complete	3.5	2.1	40.7	29.4	30.3	12.2	6.7	58.8	1,960
Secondary+	1.8	0.9	30.0	18.3	19.8	8.0	6.2	44.2	2,854
Employment									
Not employed	3.4	2.3	38.8	29.2	28.9	13.0	8.0	55.0	3,915
Working for cash	2.5	1.6	36.2	17.8	20.8	8.0	5.1	49.3	1,995
Not working for cash	2.7	1.3	45.1	38.6	41.6	14.6	7.4	66.1	1,176
Missing	0.0	0.0	36.4	2.1	23.3	2.1	2.1	57.7	10
Wealth quintile									
Lowest	4.4	3.5	53.7	45.5	49.2	18.5	7.9	71.3	987
Second	3.4	2.4	51.2	39.0	38.8	17.0	8.9	68.7	1,294
Middle	4.3	2.4	41.6	32.4	34.2	14.1	8.6	60.0	1,258
Fourth	2.4	1.4	34.9	23.1	24.1	10.4	7.6	52.8	1,595
Highest	1.8	1.0	25.7	11.2	12.0	4.8	4.2	37.2	1,962
Total	3.0	1.9	39.1	27.5	28.7	11.8	7.1	55.2	7,095

It is clear from the table that women have problems in accessing health care services, with 55 percent of all women citing at least one of the specified problems. The majority of women said that difficulty in getting money for treatment was a big problem (39 percent), followed by problems with transport (29 percent) and distance to a health facility (28 percent). Seven percent of women were concerned that there may not be a female health provider, and only 2 percent indicated that getting permission to go for treatment is a big problem.

9.11 HEALTH CARD/BUKANA

The 2004 LDHS collected information from eligible women and men on whether they have a health card (locally called Bukana), and if so, whether they have ever used another person's health card. This information is important in assessing use of health cards by the population as an important tool for tracking their health. Some individuals tend to use another person's health card when they seek care for certain health issues that might be associated with stigma, such as STIs, tuberculosis, or HIV/AIDS. The findings are presented in Table 9.22. Forty-four percent of men and 43 percent of women have a health card. Rural respondents are more likely than urban respondents to have a health card. Respondents who have been diagnosed with STIs, HIV, or TB have a higher rate of health card/Bukana ownership than those who are not.

Background characteristic	Male			Female		
	Percentage who have a health card/Bukana	Percentage who have ever used someone else's health card/Bukana	Number	Percentage who have a health card/Bukana	Percentage who have ever used someone else's health card/Bukana	Number
Age						
15-19	42.2	1.3	752	14.8	1.0	1,761
20-24	43.7	1.2	508	59.9	1.9	1,456
25-29	46.0	2.2	367	68.4	3.4	1,026
30-34	47.7	0.7	306	62.8	2.1	807
35-39	43.4	1.8	226	50.8	1.8	740
40-44	35.6	1.2	163	34.3	1.4	714
45-49	42.8	0.6	173	16.1	0.8	591
50-54	47.3	1.8	165	na	na	na
55-59	43.8	0.7	137	na	na	na
Residence						
Urban	32.4	0.6	694	32.5	1.7	1,945
Rural	47.4	1.6	2,103	47.1	1.8	5,150
Ecological zone						
Lowlands	38.7	1.1	1,248	37.4	1.9	3,118
Foothills	46.4	1.0	392	46.4	1.9	999
Mountains	48.6	1.8	877	49.0	1.8	2,274
Senqu River Valley	46.8	1.1	280	44.6	0.7	704
District						
Butha-Buthe	38.5	0.7	304	39.5	1.9	774
Leribe	52.2	1.3	297	44.7	1.5	845
Berea	45.5	0.6	330	43.8	1.9	685
Maseru	37.5	2.0	405	36.5	2.3	1,059
Mafeteng	42.5	0.7	285	44.3	2.3	709
Mohale's Hoek	42.6	1.5	331	42.7	1.6	803
Outhing	39.5	0.5	200	44.9	0.7	574
Qacha's Nek	51.2	3.3	213	43.1	1.4	497
Mokhotlong	43.7	2.1	238	47.3	1.7	605
Thaba-Tseka	48.5	0.5	194	50.0	1.7	544
Education						
No education	51.4	1.3	549	49.1	1.8	169
Primary, incomplete	45.9	1.7	1,165	43.9	1.9	2,244
Primary, complete	36.9	1.4	347	48.1	1.8	1,966
Secondary+	37.6	0.7	736	38.5	1.6	2,716
Presence of STI						
Has an STI	47.2	1.5	265	55.0	3.7	931
Does not have an STI	43.3	1.3	2,532	41.3	1.5	6,164
HIV status						
Positive	47.5	1.2	423	46.2	1.5	769
Negative	43.2	1.4	1,819	39.5	1.8	2,051
TB diagnosis						
Diagnosed with TB	44.4	1.7	117	46.6	1.7	176
Not diagnosed with TB	43.7	1.3	2,680	43.0	1.7	6,919
Wealth quintile						
Lowest	52.5	2.2	594	51.0	2.3	1,503
Second	49.9	1.8	557	50.0	1.5	1,384
Middle	46.9	1.5	548	44.2	1.3	1,276
Fourth	36.6	0.5	576	36.6	1.7	1,378
Highest	31.4	0.6	522	34.1	1.9	1,554
Total	43.7	1.3	2,797	43.1	1.7	7,095
na = Not applicable						

Ownership of a health card/Bukana seems to be inversely related to the level of education of the respondents (i.e., the lower the level of education, the higher the ownership of a health card/Bukana). Ownership of a health card/Bukana decreases with increasing wealth. One percent of men and 2 percent of women report having ever used another person's health card.

9.12 SMOKING AND ALCOHOL USE

To measure the extent of smoking among Basotho adults, women and men interviewed in the 2004 LDHS were asked if they currently smoked cigarettes or used tobacco. Tables 9.23.1 and 9.23.2 show the results. Data show that there is a marked difference in the use of tobacco products between women and men. Fifteen percent of women use tobacco products compared with 42 percent of men.

Table 9.23.1 Use of smoking tobacco: women						
Percentage of women who smoke cigarettes or use tobacco, according to background characteristics and maternity status, Lesotho 2004						
Background characteristic	Cigarettes	Pipe	Snuff	Other tobacco	Does not use tobacco	Number of women
Age						
15-19	0.3	0.0	0.4	0.0	99.3	1,710
20-34	0.1	0.0	9.1	0.1	90.6	3,323
35-49	0.4	0.1	34.4	1.1	64.1	2,062
Residence						
Urban	0.4	0.0	9.3	0.1	90.2	1,682
Rural	0.2	0.0	15.9	0.5	83.4	5,413
Ecological zone						
Lowlands	0.3	0.0	11.8	0.4	87.4	4,299
Foothills	0.0	0.1	12.7	0.4	86.9	787
Mountains	0.1	0.0	20.8	0.5	78.6	1,572
Senqu River Valley	0.3	0.0	19.0	0.0	80.7	437
District						
Butha-Buthe	0.1	0.2	10.4	0.1	89.2	458
Leribe	0.2	0.0	10.9	0.2	88.7	1,065
Berea	0.2	0.0	11.3	0.9	87.6	776
Maseru	0.4	0.0	10.9	0.3	88.4	1,868
Mafeteng	0.4	0.0	15.3	0.1	84.1	755
Mohale's Hoek	0.0	0.2	17.3	0.6	82.0	684
Quthing	0.2	0.0	17.7	0.5	81.6	461
Qacha's Nek	0.1	0.0	30.5	0.4	69.0	233
Mokhotlong	0.3	0.0	22.6	0.2	76.9	360
Thaba-Tseka	0.0	0.0	22.0	0.3	77.5	435
Education						
No education	0.0	0.0	49.5	1.1	49.4	145
Primary, incomplete	0.2	0.1	22.5	0.7	76.6	2,136
Primary, complete	0.1	0.0	13.9	0.3	85.6	1,960
Secondary+	0.3	0.0	6.8	0.1	92.7	2,854
Maternity status						
Pregnant	0.4	0.0	8.1	0.0	91.5	429
Breastfeeding (not pregnant)	0.0	0.1	11.6	0.3	88.0	1,285
Neither	0.3	0.0	15.5	0.4	83.8	5,380
Wealth quintile						
Lowest	0.0	0.2	24.0	0.7	74.9	987
Second	0.2	0.0	19.4	0.2	80.2	1,294
Middle	0.1	0.0	13.4	0.7	85.7	1,258
Fourth	0.1	0.0	14.1	0.4	85.5	1,595
Highest	0.5	0.0	7.0	0.1	92.5	1,962
Total	0.2	0.0	14.3	0.4	85.0	7,095

For women, the most commonly used type of tobacco product is snuff (14 percent). Eight percent of pregnant women use snuff compared with 16 percent who are neither pregnant nor breastfeeding. The use of snuff decreases with increases in education and wealth quintile. Fifty percent of women with no education use snuff compared with 7 percent of women with at least some secondary education. Women in the lowest wealth quintile are more than three times as likely to use snuff as women in highest wealth quintile (24 and 7 percent, respectively). Women age 35-49 (34 percent) and women living in rural areas

(16 percent) are more likely to use snuff than women age 15-19 (less than 1 percent) urban women (9 percent). District level variations show that Qacha's Nek has the highest proportion of women who use snuff (31 percent), and Butha-Buthe has the lowest (10 percent).

Because the number of women who smoke cigarettes is small, Table 9.23.1 does not present data on the number of cigarettes women smoked in the past 24 hours.

Table 9.23.2 shows that men age 20-34 are more likely to smoke cigarettes than men age 35-49 (18 and 11 percent, respectively). Men who live in urban areas (25 percent), in Lowlands (17 percent), and Mokhotlong (29 percent) are more likely to smoke cigarettes than their counterparts. Men with lower education and those in the lower wealth quintiles are less likely to smoke cigarettes than men with higher education and those in higher wealth quintiles. However, this trend is reversed for other tobacco products.

Table 9.23.2 Use of smoking tobacco: men

Percentage of men who smoke cigarettes or tobacco and percent distribution of cigarette smokers by number of cigarettes smoked in preceding 24 hours, according to background characteristics, Lesotho 2004

Background characteristic	Cigarettes	Pipe	Snuff	Other tobacco	Does not use tobacco	Total	Number of cigarettes						Don't know/missing	Total	Number of cigarette smokers
							0	1-2	3-5	6-9	10+				
Age															
15-19	14.0	3.2	1.0	22.6	60.6	771	3.2	31.5	32.5	10.6	22.2	0.0	100.0	108	
20-34	17.5	4.2	1.3	24.3	54.6	1,321	5.4	15.9	37.0	16.3	24.8	0.5	100.0	231	
35-49	11.4	3.3	0.9	22.9	62.4	705	3.9	26.5	24.7	18.8	24.9	1.1	100.0	80	
Residence															
Urban	25.0	1.6	0.0	9.4	65.6	603	4.3	19.8	28.5	16.0	31.1	0.3	100.0	151	
Rural	12.2	4.3	1.4	27.3	56.2	2,194	4.7	23.2	36.2	14.9	20.3	0.6	100.0	268	
Ecological zone															
Lowlands	16.8	3.4	0.8	19.1	61.1	1,734	2.7	22.3	31.8	16.1	26.9	0.2	100.0	291	
Foothills	9.9	3.3	2.2	30.5	56.8	307	10.0	15.3	40.9	13.2	20.6	0.0	100.0	30	
Mountains	13.2	5.1	1.6	29.8	51.9	585	7.4	20.3	41.6	11.1	17.5	2.2	100.0	77	
Senqu River Valley	12.1	2.8	0.5	33.5	53.2	171	(11.8)	(33.6)	(15.5)	(23.2)	(15.9)	(0.0)	100.0	21	
District															
Butha-Buthe	12.0	10.4	0.9	21.3	56.6	182	(0.0)	(26.8)	(38.7)	(13.8)	(18.7)	(2.0)	100.0	22	
Leribe	14.8	0.5	1.8	24.7	58.7	393	(1.7)	(21.1)	(30.9)	(19.7)	(26.7)	(0.0)	100.0	58	
Berea	10.8	1.4	0.0	30.0	59.7	350	(4.5)	(21.2)	(35.9)	(15.6)	(22.8)	(0.0)	100.0	38	
Maseru	18.9	0.5	0.6	18.9	62.8	741	4.4	22.4	28.0	13.6	31.6	0.0	100.0	140	
Mafeteng	13.6	7.9	1.6	16.7	60.9	297	(5.2)	(12.6)	(40.8)	(13.6)	(27.7)	(0.0)	100.0	40	
Mohale's Hoek	15.8	8.7	1.8	22.1	53.8	281	(3.2)	(22.3)	(41.0)	(19.4)	(14.1)	(0.0)	100.0	44	
Quthing	12.6	0.0	0.5	38.2	53.0	167	*	*	*	*	*	*	100.0	21	
Qacha's Nek	10.9	10.4	2.3	21.1	57.3	99	*	*	*	*	*	*	100.0	11	
Mokhotlong	29.4	0.6	1.3	23.3	45.5	130	6.0	25.4	41.3	9.1	16.2	2.0	100.0	38	
Thaba-Tseka	3.9	9.6	2.0	30.6	53.2	156	*	19.5	60.9	17.2	2.3	0.0	100.0	6	
Education															
No education	11.6	2.4	1.4	31.7	55.2	166	*	*	*	*	*	*	100.0	19	
Primary, incomplete	10.8	4.6	2.0	26.3	57.7	893	6.6	23.8	28.5	17.3	23.4	0.5	100.0	97	
Primary, complete	17.3	4.2	1.5	26.0	52.8	621	7.2	17.0	39.6	12.6	22.8	0.7	100.0	108	
Secondary+	17.9	3.0	0.1	18.7	61.2	973	1.9	22.1	33.5	14.6	27.3	0.5	100.0	174	
Wealth quintile															
Lowest	9.5	5.9	2.4	38.7	44.9	445	9.9	19.2	34.7	11.6	24.7	0.0	100.0	42	
Second	11.3	5.9	2.4	35.2	46.3	495	4.2	24.5	40.1	8.2	21.6	1.4	100.0	56	
Middle	13.1	4.5	1.5	29.0	53.8	548	1.3	21.3	46.5	17.5	13.5	0.0	100.0	72	
Fourth	17.6	2.8	0.0	15.7	66.0	598	5.3	20.4	32.6	20.3	21.4	0.0	100.0	105	
Highest	21.4	0.9	0.0	6.4	72.1	605	4.7	19.6	25.4	15.4	33.8	1.0	100.0	130	
Total	15.0	3.7	1.1	23.5	58.2	2,797	4.6	22.0	33.5	15.3	24.2	0.5	100.0	419	

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

Thirty-four percent of male cigarette smokers report smoking 3-5 cigarettes per day and 24 percent smoke 10 or more cigarettes per day.

Alcohol contributes to low birth weight babies and affects brain development during pregnancy, as well as affecting the mother's health. It is recommended that women should avoid alcohol during pregnancy and breastfeeding.

Table 9.24 shows that 70 percent of women interviewed in the 2004 LDHS report that they have ever drunk alcohol, compared with 42 percent of men. In the 3 months preceding the survey, 13 percent of women drank alcohol, compared with 38 percent of men. Older women and men are more likely to drink alcohol in the past few months than younger ones. The proportion of urban women and men who drank alcohol in the last 3 months is higher (16 and 41 percent, respectively) compared with rural women and men (12 and 37 percent, respectively).

Table 9.24 Use of alcohol						
Percentage of women age 15-49 and men age 15-59 who have ever drunk alcohol and who have drunk alcohol in the past 3 months, by background characteristics, Lesotho 2004						
Background characteristic	Women			Men		
	Ever drank alcohol	Drank alcohol in past 3 months	Number of women	Ever drank alcohol	Drank alcohol in past 3 months	Number of men
Age						
15-19	84.4	5.4	1,710	66.9	18.8	743
20-24	76.9	10.2	1,463	50.1	31.8	507
25-29	73.8	12.6	1,044	39.9	41.1	374
30-34	72.8	14.5	816	35.1	54.1	305
35-39	68.5	17.3	728	38.5	50.7	233
40-44	61.7	23.6	741	25.9	61.3	164
45-49	54.8	29.3	592	26.4	60.3	170
50-54	na	na	na	20.4	63.2	164
55-59	na	na	na	28.9	57.0	137
Residence						
Urban	64.8	15.5	1,745	37.5	41.4	628
Rural	71.5	12.2	5,710	43.7	36.8	2,340
Ecological zone						
Lowlands	67.6	12.9	4,514	40.8	38.3	1,830
Foothills	74.5	9.8	839	43.4	34.5	332
Mountains	75.6	13.8	1,644	49.4	36.1	622
Senqu River Valley	63.8	16.0	459	32.5	44.1	183
District						
Butha-Buthe	81.3	7.6	481	58.9	24.6	193
Leribe	70.2	11.5	1,114	36.1	40.6	417
Berea	70.5	11.1	814	40.3	39.8	371
Maseru	64.8	14.8	1,976	36.1	42.7	787
Mafeteng	72.4	10.6	795	58.4	27.0	307
Mohale's Hoek	66.7	15.4	718	36.1	37.6	304
Quthing	63.0	14.0	490	29.9	43.9	183
Qacha's Nek	71.7	19.1	236	46.4	41.7	101
Mokhotlong	81.1	12.9	371	54.7	33.6	139
Thaba-Tseka	76.6	13.0	460	56.0	33.4	165
Education						
No education	57.8	34.2	145	41.7	47.3	479
Primary, incomplete	72.3	17.3	2,136	50.0	36.3	1,194
Primary, complete	77.5	10.8	1,960	44.0	38.4	352
Secondary+	72.3	11.7	2,854	39.5	42.3	773
Wealth quintile						
Lowest	76.2	18.1	987	44.1	48.2	466
Second	76.3	14.4	1,294	43.0	42.4	514
Middle	75.1	11.2	1,258	47.2	40.7	566
Fourth	73.3	12.3	1,595	50.7	30.7	621
Highest	69.3	13.4	1,962	39.5	41.0	630
Total	69.9	12.9	7,455	42.4	37.8	2,967
na = Not applicable						

Men with some secondary education are more likely (42 percent) to have drunk alcohol in the past three months than their women counterparts (12 percent). Similarly, 41 percent of men in the highest wealth quintile have drunk in the past three months compared with women in the highest wealth quintile (13 percent). At the district level, Qacha's Nek has the highest proportion of women who drank in the past three months (19 percent), and Butha-Buthe has the lowest (8 percent). Among men, the proportion who drank in the past three months is highest in Quthing (44 percent) and Maseru (43 percent) and lowest in Butha-Buthe (25 percent). There is a greater tendency for less educated women to have drunk alcohol in the past three months than more educated women; the difference is not significant in men.

Mahlape Ramoseme

Nutritional status is the result of complex interactions between food consumption and the overall status of health and care practices. Poor nutritional status is one of the most important health and welfare problems facing Lesotho today and afflicts the most vulnerable groups: women and children. At the individual level, inadequate or inappropriate feeding patterns lead to malnutrition. Numerous socioeconomic and cultural factors influence the decision on patterns of feeding and nutritional status. The 2004 LDHS used 24-hour recall to determine foods eaten in the past 24 hours, including breastfeeding, complementary feeding, and use of feeding bottles. Heights and weights of all children under five years and women age 15-49 were measured to determine the adult female and child nutritional status. This chapter presents the findings on infant feeding practices and nutritional status of women and children.

10.1 BREASTFEEDING AND SUPPLEMENTATION

Feeding practices play a pivotal role in determining optimal development of infants. Poor breastfeeding and infant feeding practices have adverse consequences for the health and nutritional status of children, which in turn has consequences on the mental and physical development of the child.

10.1.1 Initiation of Breastfeeding

Breastfeeding is sufficient and beneficial for infant nutrition in the first six months of life. Early initiation of breastfeeding (breastfeeding within one hour) facilitates the newborn's innate sucking reflex, which helps to stimulate breast milk production and provides all of the nutritional requirements of a young infant (Righard and Alade, 1990). The high concentration of antibodies in colostrum, the first yellowish, highly nutritious milk that is present right after delivery, protects the child from infection before the child's immune system has matured. Early initiation also encourages the bond between mother and baby and helps to maintain the baby's body temperature. Breastfeeding also helps the uterus to retract, hence reducing postpartum blood loss of the mother. Prelacteal feeding (giving something other than breast milk in the first three days of life) is generally discouraged because it may inhibit breastfeeding and expose the newborn infant to illness.

Table 10.1 indicates that 95 percent of children are breastfed at some point. Sixty-three percent of children are breastfed within one hour of birth and 85 percent within one day after delivery. The proportion of women initiating breastfeeding within one hour of birth is highest in Mokhotlong and Quthing (77 percent) and lowest in Thaba-Tseka (45 percent).

Forty-five percent of children are given something before breastfeeding (prelacteal feed). Mothers who were assisted by traditional birth attendant (59 percent) are more likely to practise prelacteal feeding than those assisted by health professionals (39 percent). Prelacteal feeding is most common in Mokhotlong (58 percent) and Quthing (53 percent) and least common in Leribe (37 percent).

Table 10.1 Initial breastfeeding

Percentage of children born in the five years preceding the survey who were ever breastfed, and among children ever breastfed, percentage who started breastfeeding within one hour and within one day of birth and percentage who received a prelacteal feed, by background characteristics, Lesotho 2004

Background characteristic	All children		Children ever breastfed			
	Percentage ever breastfed	Number of children	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth ¹	Percentage who received a prelacteal feed ²	Number of children ever breastfed
Sex						
Male	94.7	1,834	59.7	83.0	46.0	1,736
Female	94.8	1,737	65.4	87.2	44.4	1,648
Residence						
Urban	92.4	503	64.6	83.4	49.0	465
Rural	95.1	3,069	62.1	85.3	44.6	2,919
Ecological zone						
Lowlands	94.1	1,771	63.0	84.2	43.4	1,668
Foothills	97.0	456	59.5	85.4	44.3	442
Mountains	94.5	1,105	60.3	85.7	47.8	1,044
Senqu River Valley	96.0	239	74.2	87.5	48.6	230
District						
Butha-Buthe	95.4	201	67.5	91.3	42.3	191
Leribe	96.5	552	55.6	88.5	36.6	532
Berea	95.0	404	64.2	84.0	42.8	384
Maseru	94.0	715	59.2	79.8	51.1	672
Mafeteng	93.8	375	69.4	86.9	40.6	352
Mohale's Hoek	94.3	345	62.5	85.5	46.3	325
Quthing	95.9	255	76.6	88.8	53.1	244
Qacha's Nek	93.3	156	63.6	90.0	40.6	145
Mokhotlong	94.9	254	76.6	89.3	58.1	241
Thaba-Tseka	94.1	316	44.8	76.4	41.9	297
Mother's education						
No education	92.1	94	64.4	85.6	54.3	87
Primary, incomplete	95.4	1,156	63.5	86.1	49.0	1,103
Primary, complete	95.2	1,128	61.1	84.2	45.0	1,073
Secondary+	94.0	1,193	62.6	84.8	41.0	1,121
Assistance at delivery						
Health professional ³	95.0	1,978	62.1	85.6	39.1	1,879
Traditional birth attendant	95.2	467	62.8	86.3	58.7	445
Other	94.0	1,065	64.9	86.2	52.1	1,002
No one	*	*	*	*	*	21
Place of delivery						
Health facility	94.9	1,418	64.6	86.1	39.2	1,345
At home	94.6	1,623	63.7	85.6	54.4	1,535
Other	95.2	495	56.2	85.9	35.6	471
Wealth quintile						
Lowest	95.7	746	61.1	85.4	49.9	714
Second	95.9	861	62.4	85.4	45.7	826
Middle	95.3	638	59.1	84.2	42.1	608
Fourth	94.9	721	65.1	85.6	44.1	684
Highest	91.2	605	64.8	84.5	43.3	552
Total	94.7	3,572	62.5	85.1	45.2	3,384

Note: Table is based on all births whether the children are living or dead at the time of interview. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed.

¹ Includes children who started breastfeeding within one hour of birth

² Children given something other than breast milk during the first three days of life before the mother started breastfeeding regularly

³ Doctor, nurse, midwife, or nursing assistant

10.1.2 Infant and Young Child Feeding

For optimal growth, it is recommended that infants should be exclusively breastfed for the first six months of life. Exclusive breastfeeding in the early months of life is correlated strongly with increased child survival and reduced risk of morbidity, particularly from diarrhoeal diseases. Table 10.2 shows that exclusive breastfeeding is a common but not universal practice in Lesotho. Fifty-four percent of children less than two months of age are exclusively breastfed. The data in Table 10.2 also show that complementary foods are introduced at a young age in Lesotho.

While a little more than half (54 percent) of children are exclusively breastfed at two months of age (as recommended), the remainder are receiving liquids and solid foods prematurely. Conversely, 30 percent of children age 6-7 months are still consuming a liquid diet at an age when solid foods should form an important part of their diet.

Table 10.2 Breastfeeding status by age

Percent distribution of youngest children under three years living with the mother by breastfeeding status and percentage of children under three years using a bottle with a nipple, according to age in months, Lesotho 2004

Age in months	Breastfeeding and consuming:						Total	Number of children	Percentage using a bottle with a nipple ¹	Number of children
	Not breast-feeding	Exclusively breastfed	Plain water only	Water-based liquids/juice	Other milk	Complementary foods				
<2	2.0	53.8	18.9	12.1	10.4	2.8	100.0	111	28.9	113
2-3	2.7	41.5	14.6	6.8	17.0	17.3	100.0	145	35.9	147
4-5	4.1	15.2	3.8	12.4	13.7	50.8	100.0	127	34.0	132
6-7	5.5	7.2	0.0	9.2	7.2	70.9	100.0	107	33.5	109
8-9	3.4	5.4	0.0	2.4	1.4	87.3	100.0	102	20.1	106
10-11	9.9	2.3	0.2	3.8	2.4	81.4	100.0	122	19.9	125
12-15	9.8	0.8	0.3	1.4	0.6	87.1	100.0	260	14.5	265
16-19	25.5	2.1	0.0	0.5	2.7	69.2	100.0	207	14.2	217
20-23	40.5	0.0	0.0	0.0	0.5	59.0	100.0	165	10.9	178
24-27	69.1	0.9	0.0	0.0	0.0	30.1	100.0	198	3.5	236
28-31	91.1	2.0	0.0	0.0	0.0	6.8	100.0	160	0.7	201
32-35	89.6	1.1	0.0	0.0	0.0	9.2	100.0	151	1.8	206
<6	3.0	36.4	12.3	10.2	14.0	24.2	100.0	382	33.3	392
6-9	4.5	6.3	0.0	5.9	4.4	78.9	100.0	209	26.9	214

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Children classified as breastfeeding and *consuming plain water* only consume no supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, water-based liquids/juice, other milk, and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus, children who receive breast milk and water-based liquids and who do not receive complementary foods are classified in the water-based liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.

¹ Based on all children under three years

Figure 10.1 Breastfeeding Practices by Age

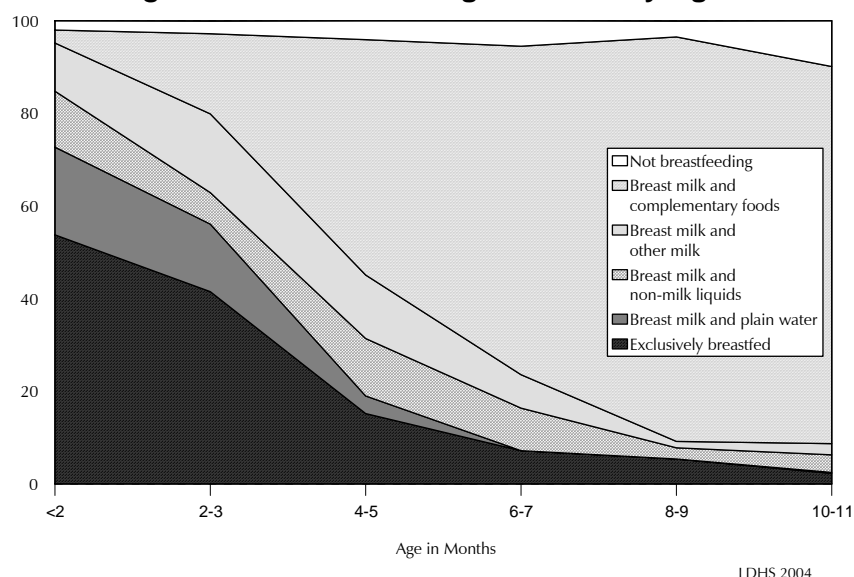


Table 10.3 shows that the median duration for any breastfeeding among Basotho children is 21 months. The median duration of exclusive breastfeeding is estimated at less than one month.

The median duration of any breastfeeding is slightly higher in rural areas (22 months) compared with urban (17 months). At the ecological zone level, duration of breastfeeding is longest in Mountains and Senqu River Valley (23 months) and shortest in Lowlands (19 months).

Analysis by background characteristics of the mother indicates that there is no clear relationship between the level of mother's education and breastfeeding practices. The socioeconomic status shows that women in the lowest quintile are more likely to breastfeed longer (24 months) than women in the highest quintile (18 months).

Frequent breastfeeding of children less than six months of age is a common occurrence in Lesotho. More than nine in ten (94 percent) infants under six months of age were breastfed 6 or more times in the 24 hours preceding the survey.

Table 10.3 Median duration and frequency of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children born in the three years preceding the survey, percentage of breastfeeding children under six months living with the mother who were breastfed six or more times in the 24 hours preceding the survey, and mean number of feeds (day/night), by background characteristics, Lesotho 2004

Background characteristic	Median duration (months) of breastfeeding ¹				Breastfeeding children under six months ²			
	Any breast-feeding	Exclusive breast-feeding	Predominant breast-feeding ³	Number of children	Percentage breastfed 6+ times in past 24 hours	Mean number of day feeds	Mean number of night feeds	Number of children
Sex								
Male	20.7	0.9	3.3	1,144	94.5	7.0	5.8	198
Female	21.8	1.0	2.7	1,079	94.2	7.3	5.8	177
Residence								
Urban	17.1	0.6	2.2	308	90.9	5.7	6.1	47
Rural	22.2	1.0	3.1	1,914	94.9	7.3	5.8	328
Ecological zone								
Lowlands	19.4	0.7	2.9	1,096	93.6	6.7	5.7	173
Foothills	21.9	0.7	2.0	291	91.6	7.5	6.0	54
Mountains	23.1	1.6	3.3	686	95.6	7.2	5.9	122
Senqu River Valley	(23.1)	(0.7)	(3.6)	(149)	(99.1)	(8.6)	(5.5)	27
District								
Butha-Buthe	(20.5)	(1.2)	(4.1)	(131)	(96.4)	(6.3)	(5.3)	26
Leribe	(22.9)	(2.4)	(3.5)	(344)	(86.7)	(7.9)	(5.9)	51
Berea	(21.5)	(0.6)	(2.4)	(253)	(97.9)	(6.0)	(6.8)	41
Maseru	(17.9)	(0.7)	(2.4)	(442)	(94.3)	(7.2)	(5.7)	80
Mafeteng	(21.6)	(0.6)	(2.0)	(222)	(92.0)	(7.0)	(5.3)	40
Mohale's Hoek	(23.3)	(1.5)	(2.7)	(227)	(97.8)	(7.1)	(5.5)	38
Quthing	(22.8)	(0.5)	(3.2)	(163)	(97.0)	(8.5)	(6.3)	27
Qacha's Nek	(21.3)	(0.5)	(4.5)	(89)	(93.0)	(5.8)	(6.3)	16
Mokhotlong	(22.4)	(1.5)	(3.0)	(156)	(97.0)	(5.6)	(4.9)	27
Thaba-Tseka	(24.3)	(1.4)	(4.9)	(197)	(95.6)	(8.7)	(6.1)	30
Mother's education								
No education	*	*	*	*	*	*	*	9
Primary, incomplete	21.5	0.8	3.2	680	94.6	7.9	6.1	126
Primary, complete	22.6	0.6	2.7	708	94.3	7.1	5.8	122
Secondary+	19.2	2.0	3.0	781	93.7	6.2	5.4	119
Wealth quintile								
Lowest	23.9	1.1	2.4	455	96.7	7.8	6.1	83
Second	21.4	1.2	3.7	525	95.3	8.4	6.5	95
Middle	22.5	0.8	4.0	402	91.8	6.5	5.3	76
Fourth	21.2	0.6	3.3	473	94.8	6.2	5.7	70
Highest	17.8	1.8	1.9	367	91.9	5.8	5.0	52
Total	21.3	0.9	3.0	2,222	94.3	7.1	5.8	375
Mean for all children	20.2	3.1	4.7	na	na	na	na	na

Note: Median and mean durations are based on current status. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. Numbers in parentheses are based on 25-49 unweighted cases.

na = Not applicable

¹ It is assumed that non-last-born children or last-born child not living with the mother are not currently breastfeeding

² Excludes children who do not have a valid answer on the number of times breastfed

³ Either exclusively breastfed or received breast milk and plain water, water-based liquids, and/or juice only (excludes other milk)

10.1.3 Complementary Feeding

Given that babies need nutritious food in addition to breast milk from the age of six months, it is recommended that children should begin receiving solid foods at this age. To obtain full information on weaning practices, the 2004 LDHS collected data on breastfeeding and nonbreastfeeding children. Table 10.4 presents information on the types of complementary (weaning) foods received by children less than three years of age in the day or night preceding the survey. Ninety-one percent of children 6-9 months are fed complementary foods. Seven percent of children under six months receive commercially produced infant formula.

Table 10.4 Foods consumed by children in the day or night preceding the interview												
Percentage of youngest children under three years of age living with the mother who consumed specific foods in the day or night preceding the interview, by breastfeeding status and age, Lesotho 2004												
Age in months	Infant formula	Other milk/cheese/yogurt	Other liquids ¹	Food made from grains	Fruits/vegetables ²	Food made from roots/tubers	Food made from legumes	Meat/fish/shellfish/poultry/eggs	Food made with oil/ fat/ butter	Fruits and vegetables rich in vitamin A ³	Any solid or semi-solid food	Number of children
BREASTFEEDING CHILDREN												
<2	1.9	10.6	16.9	2.9	0.0	0.0	1.1	0.0	0.0	0.0	6.0	109
2-3	6.3	22.5	21.5	13.7	2.9	0.6	0.0	1.5	2.3	2.9	27.2	141
4-5	11.2	27.0	40.6	47.4	14.3	3.7	7.4	4.8	5.2	12.0	67.6	121
6-7	15.1	37.7	53.4	68.1	38.0	5.3	4.9	16.2	12.1	31.0	86.7	101
8-9	17.8	38.3	70.2	81.2	57.6	16.5	8.5	23.5	23.1	49.0	94.4	98
10-11	13.4	44.2	54.0	82.5	70.9	20.5	11.1	23.2	31.7	61.6	91.8	110
12-15	9.7	37.7	62.7	89.6	69.8	12.2	17.6	34.0	27.7	63.4	98.1	234
16-19	16.3	41.5	60.7	87.2	69.9	16.0	17.7	31.0	24.3	61.5	97.9	154
20-23	6.8	43.7	57.0	91.4	69.9	14.2	20.9	28.3	25.3	62.9	100.0	98
24-35	7.2	32.1	51.8	81.4	76.4	14.7	25.2	27.0	27.8	65.6	95.9	91
<6	6.6	20.5	26.4	21.5	5.8	1.4	2.7	2.1	2.6	5.1	34.2	371
6-9	16.4	38.0	61.7	74.6	47.7	10.8	6.7	19.8	17.6	39.9	90.5	199
NONBREASTFEEDING CHILDREN												
16-19	20.2	44.7	47.7	70.6	59.7	18.3	9.2	37.6	19.6	52.0	86.5	53
20-23	23.6	53.5	56.4	77.6	81.7	16.1	23.8	45.1	42.7	75.7	94.0	67
24-35	6.8	43.2	50.0	81.8	73.2	16.9	19.6	34.9	33.1	65.3	94.9	417
Note: Breastfeeding status and food consumed refer to a "24-hour" period (yesterday and last night).												
¹ Does not include plain water												
² Includes fruits and vegetables rich in vitamin A												
³ Includes pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, green leafy vegetables, mangoes, papayas, and other locally grown fruits and vegetables that are rich in vitamin A												

Thirty-four percent of breastfeeding children under six months receive solid or semi-solid foods. The most commonly used complementary foods for breastfeeding children under six months include other liquid other than breast milk (26 percent), food made from grains (22 percent), and milk products (21 percent). Foods made from grain are prematurely introduced to children by two to three months (14 percent). By six to seven months, 68 percent are already receiving these foods. Foods made from roots/tubers are introduced gradually from eight to nine months (17 percent). By the age of 10-11 months, 21 percent are receiving root/tuber-based food, and 11 percent get legumes. Consumption of protein-rich foods (meat, fish, poultry, and eggs) generally begins at four to five months (5 percent) and increases to 23 percent by the first year of life. Fruits and vegetables rich in vitamin A are introduced at 2-3 months. However, we have to interpret these results with caution because they are based on mothers' reporting and they may overreport introduction of fruits and vegetables for children at an early age. The proportion of children consuming vitamin A-rich foods rises to 62 percent by the first year of life. From 6 months of age, food

from grains are the most common complementary food followed by fruits and vegetables. From 8 months of age, almost half of the children are fed foods rich in vitamin A.

By 16-19 months, 87 percent of nonbreastfeeding children are already consuming solid food, and only 9 percent are receiving food made from legumes. By age 2 years, only 35 percent of children are consuming any animal-based foods. Although nonbreastfed children from 16 to 35 months of age are consuming foods made from grains, and fruits and vegetables at lower rates than breastfed children, 50 percent or less of nonbreastfed children are receiving other milks by the age of 16 months through the second year of life. However, a larger percentage of nonbreastfed children appear to be consuming animal-based foods than breastfed children of the same age.

10.1.4 Frequency of Foods Consumed by Children

Table 10.5 presents the mean number of times specific foods were consumed in the day or night preceding the interview by youngest children under three years of age living with the mother, according to breastfeeding status and age. Infants and young children eat small meals and, therefore, frequent meals are necessary to provide them with the required nutrients. The number of meals required is determined on the basis of energy of the foods being fed. Consuming an appropriate variety of food is essential for the child's nutrition.

Table 10.5 shows that on average foods made from grains are given to breastfeeding children twice a day from age 6-9 months, which is the best time for introducing complementary foods. Frequency of consuming various foods does not appear to vary much as children age.

Age in months	Liquids			Solid/semi-solid							Number of children
	Infant formula	Other milk/cheese/ yogurt	Other liquids ¹	Food made from grains	Fruits/vegetables ²	Food made from roots/tubers	Food made from legumes	Meat/fish/shellfish/poultry/eggs	Food made with oil/fat/ butter	Fruits and vegetables rich in vitamin A ³	
BREASTFEEDING CHILDREN											
<2	0.1	0.3	0.5	0.1	0.0	0.0	0.0	0.0	0.0	0.0	109
2-3	0.1	0.6	0.5	0.4	0.1	0.0	0.0	0.0	0.1	0.1	141
4-5	0.3	0.7	0.9	1.2	0.2	0.0	0.1	0.1	0.1	0.2	121
6-7	0.3	0.8	1.3	1.8	0.9	0.1	0.1	0.2	0.2	0.6	101
8-9	0.4	0.8	1.8	2.0	1.1	0.3	0.1	0.3	0.4	0.8	98
10-11	0.3	1.0	1.4	2.4	1.6	0.4	0.1	0.3	0.5	1.3	110
12-15	0.2	1.0	1.7	2.4	1.5	0.2	0.3	0.4	0.5	1.2	234
16-19	0.3	1.0	1.5	2.4	1.8	0.2	0.3	0.5	0.4	1.4	154
20-23	0.1	0.9	1.6	2.7	1.9	0.3	0.3	0.5	0.5	1.5	98
24-35	0.1	0.7	1.5	2.4	1.9	0.2	0.4	0.4	0.5	1.5	91
<6	0.2	0.6	0.6	0.6	0.1	0.0	0.0	0.0	0.1	0.1	371
6-9	0.4	0.8	1.6	1.9	1.0	0.2	0.1	0.2	0.3	0.7	199
NONBREASTFEEDING CHILDREN											
16-19	0.4	1.3	1.0	2.0	1.3	0.2	0.1	0.6	0.3	0.8	53
20-23	0.4	1.2	1.6	2.4	2.7	0.3	0.5	0.6	0.8	2.1	67
24-35	0.1	0.9	1.5	2.5	2.1	0.3	0.3	0.5	0.6	1.7	417

On average, nonbreastfeeding children age 16-19 months consume milk products and fruits and vegetables once a day each, and food made from grains twice a day. Foods from grains include flour made from maize or sorghum which is also used to make a fermented or unfermented porridge (*motoho* or *lesheleshele*). By age three, this type of food is consumed three times a day. Nonbreastfed children who should consume more dairy products because of the lack of breast milk in their diets are consuming dairy products at the same rate as breastfed children. Diets of nonbreastfed children do not differ much from those of breastfed children.

10.2 MICRONUTRIENTS

10.2.1 Iodisation of Household Salt

One of the main interventions of the nutrition programme in Lesotho is to reduce micronutrient deficiencies, including iodine deficiency, vitamin A, and iron deficiency by iodising salt and through supplementation with vitamin A and iron.

Disorders induced by dietary iodine deficiency constitute a major global nutrition concern. A lack of sufficient iodine can lead to goitre, hypothyroidism, impaired mental functions, retarded mental and physical development, and lower IQ levels. Iodine deficiency during pregnancy leads to increased rates of abortion, stillbirths, congenital anomalies, cretinism, psychomotor defects, and neonatal mortality. Iodine deficiency can be avoided by using salt that has been fortified with iodine (iodised salt) and by consuming foods rich in iodine such as seafood.

Table 10.6 shows the percent distribution of households with salt tested for iodine content by level of iodine in salt (parts per million), percentage of households tested, and percentage of households with no salt, according to background characteristics. It shows that 93 percent of the households interviewed in the 2004 LDHS had their salt tested for iodine, while 5 percent had no salt available in the household. Only 2 percent of households are consuming salt that is not iodised, 7 percent are consuming salt that has inadequate iodine level (<15 ppm), while the majority—91 percent of households—are consuming adequately iodised salt (15+ ppm). The proportion of households with adequately iodised salt in rural areas (88 percent) is lower than in urban areas (98 percent). Most districts have 90 percent or more of the households with adequate level of iodine in salt, except for Qacha's Nek that has 64 percent of such households.

Table 10.6 Iodisation of household salt

Percent distribution of households with salt tested for iodine content by level of iodine in salt (parts per million), percentage of households tested, and percentage of households with no salt, according to background characteristics, Lesotho 2004

Background characteristic	Iodine content among household tested:			Total	Number of households	Percentage of households tested	Percentage of households with no salt	Number of households
	None (0 ppm)	Inadequate (<15 ppm)	Adequate (15+ ppm)					
Residence								
Urban	0.3	1.6	98.1	100.0	1,967	96.3	2.4	2,043
Rural	3.0	8.7	88.3	100.0	5,987	91.4	6.2	6,549
Ecological zone								
Lowlands	1.3	4.3	94.4	100.0	4,917	94.6	3.7	5,198
Foothills	1.5	15.4	83.1	100.0	885	90.6	7.3	977
Mountains	5.7	10.7	83.6	100.0	1,690	89.0	8.5	1,899
Senqu River Valley	2.8	5.2	92.0	100.0	461	89.1	5.6	518
District								
Butha-Buthe	1.0	2.3	96.8	100.0	480	92.7	3.6	517
Leribe	0.6	7.7	91.7	100.0	1,157	93.9	4.7	1,233
Berea	3.0	5.2	91.8	100.0	890	94.6	4.4	941
Maseru	1.4	7.7	90.9	100.0	2,238	93.8	4.7	2,385
Mafeteng	1.0	9.0	89.9	100.0	822	93.2	4.2	883
Mohale's Hoek	2.2	6.4	91.4	100.0	758	92.5	4.6	819
Quthing	3.1	4.4	92.5	100.0	465	87.5	6.1	532
Qacha's Nek	12.2	23.9	63.9	100.0	257	87.2	9.9	295
Mokhotlong	6.5	3.7	89.8	100.0	391	90.5	7.8	432
Thaba-Tseka	4.1	3.4	92.5	100.0	495	89.2	9.6	555
Wealth quintile								
Lowest	4.6	13.6	81.9	100.0	1,488	87.0	10.4	1,711
Second	4.6	9.3	86.1	100.0	1,434	89.6	8.1	1,600
Middle	2.5	7.0	90.5	100.0	1,486	93.0	4.9	1,598
Fourth	0.4	4.8	94.8	100.0	1,665	95.4	1.9	1,745
Highest	0.4	1.9	97.7	100.0	1,881	97.0	1.8	1,938
Total	2.3	7.0	90.7	100.0	7,954	92.6	5.3	8,592

10.2.2 Vitamin A Intake among Children

Vitamin A is an essential micronutrient for the immune system and plays an important role in maintaining the epithelial tissue in the body. High levels of vitamin A deficiency (VAD) can cause eye damage leading to blindness and can increase the severity of infections such as measles and diarrhoeal diseases in children. Ensuring that children between 6 and 59 months receive enough vitamin A may be the single most effective child survival intervention. Adequate intake of the vitamin during pregnancy may also reduce maternal deaths. UNICEF and WHO recommend that all countries with an under five mortality rate exceeding 70 per 1,000 live births, or where vitamin A deficiency is a public health problem, should put in place a programme for control of vitamin A deficiency. On the basis of UNICEF/WHO guidelines, children age 6-11 months should be given one dose of vitamin A (capsule of 100,000 IU) every six months, and children 12 months or older should be given one high dose of vitamin A (capsule of 200,000 IU) every six months (Bureau of Statistics, 2000).

Table 10.7 shows the percentage of youngest children under three years who consumed foods rich in vitamin A in the 24 hours preceding the survey, and the percentage of children age 6-59 months who received vitamin A supplements in the six months preceding the survey. Forty-nine percent of children under three years consume foods rich in vitamin A, and 55 percent of children age 6-59 months receive vitamin A supplements.

Table 10.7 Micronutrient intake among children

Percentage of youngest children under age three living with the mother who consumed fruits and vegetables rich in vitamin A in the 24 hours preceding the survey, and percentage of children age 6-59 months who received vitamin A supplements in the six months preceding the survey, by background characteristics, Lesotho 2004

Background characteristic	Consumed fruits and vegetables rich in vitamin A ¹	Number of children	Consumed vitamin A supplements	Number of children
Age in months				
<6	4.9	382	*	0
6-9	40.1	209	42.0	214
10-11	62.8	122	60.3	125
12-23	63.0	632	56.3	660
24-35	65.4	508	57.8	643
36-47	na	na	55.6	615
48-59	na	na	51.6	578
Sex				
Male	48.5	939	55.0	1,448
Female	49.6	914	54.2	1,387
Birth order				
2-3	46.2	661	55.2	967
4-5	47.1	687	55.9	1,038
6+	51.9	307	52.1	500
Breastfeeding status				
Breastfeeding	42.2	1,258	55.0	917
Not breastfeeding	63.7	591	54.5	1,894
Residence				
Urban	47.8	249	58.9	405
Rural	49.2	1,604	53.9	2,431
Ecological zone				
Lowlands	47.8	923	55.2	1,419
Foothills	52.8	248	47.3	364
Mountains	48.2	556	52.4	865
Senqu River Valley	54.2	126	74.6	187
District				
Butha-Buthe	48.6	110	64.9	158
Leribe	53.4	289	52.5	434
Berea	43.7	218	40.6	323
Maseru	50.7	360	49.4	571
Mafeteng	42.9	188	69.9	303
Mohale's Hoek	50.8	188	60.3	268
Quthing	51.7	138	73.8	202
Qacha's Nek	31.5	71	34.1	124
Mokhotlong	47.0	127	66.7	203
Thaba-Tseka	57.2	163	42.0	249
Mother's education				
No education	45.1	44	44.1	70
Primary, incomplete	50.7	560	50.2	910
Primary, complete	47.7	586	54.7	895
Secondary+	49.0	663	59.4	960
Mother's age at birth				
<20	48.8	374	52.7	578
20-24	46.5	578	55.5	839
25-29	45.1	371	54.9	565
30-34	52.7	243	55.5	404
35-49	56.4	286	54.2	449
Wealth quintile				
Lowest	52.2	381	45.9	597
Second	52.0	437	53.5	681
Middle	48.2	339	58.7	491
Fourth	41.7	394	58.5	570
Highest	51.3	303	58.1	497
Total	49.0	1,853	54.6	2,835

Note: Information on vitamin A supplements is based on mother's recall. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed.

na = Not applicable

¹ Includes pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, green leafy vegetables, mangoes, papayas, and other locally grown fruits and vegetables that are rich in vitamin A

The consumption of foods rich in vitamin A and the intake of supplements vary somewhat by background characteristics. Children who are not breastfed are more likely (64 percent) to consume fruits and vegetables rich in vitamin A, compared with their breastfeeding counterparts (42 percent), presumably because they are older than breastfeeding children and therefore consume other complementary foods. Urban children are more likely to consume vitamin A supplements (59 percent) compared with their rural counterparts (54 percent). The proportion of children consuming foods rich in vitamin A is highest in Thaba-Tseka (57 percent) and lowest in Qacha's Nek (32 percent). Consumption of vitamin A supplements is highest in Quthing (74 percent) and lowest in Qacha's Nek (34 percent) and Thaba-Tseka (42 percent). While it appears that children in Thaba-Tseka are more likely to consume fruits and vegetables rich in vitamin A and less likely to receive vitamin A supplements, the children in Qacha's Nek are less likely to consume fruits and vegetables rich in vitamin A or to receive vitamin A supplements.

Although mother's education appears to be positively related to vitamin A supplementation, it does not appear to be similarly related to consumption of foods rich in vitamin A. Children of mothers with no education are less likely to have consumed foods that are high in vitamin A compared with children of mothers with any education.

10.2.3 Vitamin A Intake among Women

Table 10.8 presents the percentage of women with a birth in the five years preceding the survey, who received a vitamin A dose in the first two months after birth, and who took iron tablets or syrup during pregnancy. Few women receive vitamin A supplementation postpartum (17 percent) and this varies with zone of residence, district, and educational attainment. Women in urban areas (20 percent) are more likely to receive vitamin A supplements than those in rural areas (17 percent). At the district level, the percentage of women who reported receiving a postpartum vitamin A dose is highest in Mafeteng (27 percent) and lowest in Mokhotlong (7 percent).

With regard to educational level, women with no education (14 percent) or those with incomplete primary education (11 percent) are less likely to receive vitamin A doses. The data show that 21 percent of women with some secondary education reported having received a postpartum vitamin A dose. Vitamin A supplementation is strongly associated with economic status, rising from 10 percent among the poorest mothers to 22 percent of the wealthiest.

As seen in Table 10.8, the rate of iron supplementation during pregnancy is low. More than half of women (59 percent) did not take iron tablets or syrup during pregnancy. Intake varies considerably by districts. Seventy-nine percent of women in Mokhotlong did not take any iron supplements during pregnancy, compared with 47 percent in Leribe and 48 percent in Berea. Twenty-eight percent of the women took the iron supplements for less than 60 days.

Table 10.8 Micronutrient supplementation among mothers

Percentage of women with a birth in the five years preceding the survey who received a vitamin A dose in the first two months after delivery, percentage who suffered from night blindness during pregnancy, percentage who took iron tablets or syrup for specific number of days, and percentage who live in households using adequately iodised salt, by background characteristics, Lesotho 2004

Background characteristics	Received vitamin A dose postpartum ¹	Night blindness during pregnancy		Number of days iron tablets/syrup taken during pregnancy				Don't know/missing	Number of women
		Reported	Adjusted ²	None	<60	60-89	90+		
Age at birth									
<20	15.9	3.4	0.5	61.7	28.1	0.3	1.8	8.1	546
20-24	17.0	4.0	1.3	58.1	30.0	0.5	1.6	9.8	847
25-29	16.0	3.7	0.9	56.6	29.5	1.1	3.7	9.1	581
30-34	20.3	4.5	1.5	58.4	24.7	1.1	5.3	10.5	405
35-49	16.7	7.0	0.5	60.3	23.5	2.2	4.3	9.8	480
Number of children ever born									
1	16.9	2.8	0.5	58.4	29.9	0.5	2.9	8.4	963
2-3	16.9	4.3	1.1	58.7	28.2	0.7	2.9	9.6	1,080
4-5	17.5	5.2	1.6	58.3	24.4	1.9	3.7	11.7	485
6+	16.9	8.5	1.0	62.1	24.6	1.5	3.2	8.7	331
Residence									
Urban	19.5	3.9	0.3	54.2	26.5	1.8	6.5	11.0	448
Rural	16.5	4.5	1.1	59.8	27.9	0.8	2.4	9.1	2,411
Ecological zone									
Lowlands	20.0	4.1	0.9	56.1	27.3	1.3	3.8	11.5	1,508
Foothills	16.0	6.5	1.1	51.2	33.4	0.4	3.9	11.1	351
Mountains	12.1	4.5	1.1	64.8	27.7	0.6	0.9	6.0	810
Senqu River Valley	15.7	2.9	0.9	70.3	20.0	0.8	4.4	4.5	190
District									
Butha-Buthe	23.4	4.3	1.2	51.7	33.7	1.4	5.8	7.4	162
Leribe	15.6	4.3	0.0	47.2	37.0	0.4	1.8	13.6	446
Berea	17.4	5.4	0.9	47.8	34.5	0.6	1.9	15.2	332
Maseru	18.5	4.1	1.1	55.1	23.1	2.0	7.6	12.3	594
Mafeteng	26.6	4.2	1.6	65.6	24.2	0.4	1.4	8.3	313
Mohale's Hoek	15.1	4.2	1.2	73.2	19.5	1.3	0.3	5.8	275
Quthing	12.1	1.7	0.5	73.8	18.3	0.5	4.4	2.9	203
Qacha's Nek	17.2	8.6	2.5	53.4	34.1	2.0	2.6	7.9	109
Mokhotlong	7.0	2.6	0.9	78.8	17.6	0.0	0.0	3.7	183
Thaba-Tseka	12.3	6.4	1.3	60.2	34.8	0.4	0.5	4.1	240
Education									
No education	13.5	5.2	3.3	73.8	22.2	1.2	1.2	1.6	68
Primary, incomplete	11.1	6.0	1.3	63.0	27.5	0.8	1.5	7.3	877
Primary, complete	19.0	4.2	1.2	59.2	27.0	0.7	3.1	10.1	890
Secondary+	20.5	3.2	0.4	54.2	28.8	1.3	4.5	11.2	1,024
Wealth quintile									
Lowest	10.2	3.9	1.1	62.3	29.2	0.4	1.4	6.7	541
Second	14.3	6.8	1.3	63.7	25.1	0.8	1.4	9.0	645
Middle	18.8	3.6	1.5	60.0	26.3	1.5	2.7	9.5	510
Fourth	19.7	4.0	0.0	55.4	28.2	1.0	3.2	12.3	621
Highest	22.3	3.3	1.0	52.9	30.0	1.0	6.7	9.3	542
Total	17.0	4.4	1.0	58.9	27.7	0.9	3.0	9.4	2,859

Note: For women with two or more live births in the five-year period, data refer to the most recent birth.

¹ In the first two months after delivery

² Women who reported night blindness but did not report difficulty with vision during the day

10.2.4 Prevalence of Anaemia in Children

One of the causes of anaemia is inadequate dietary intake of iron. The Ministry of Health and Social Welfare promotes provision of iron supplements to pregnant women to reduce the incidents of anaemia. Table 10.9 shows the percentage of children age 6-59 months classified as having anaemia, by background characteristics. Forty-nine percent of Basotho children age 6-59 months are reported to have some level of anaemia, including 22 percent of children who are mildly anaemic, 25 percent who are moderately anaemic, and 1 percent who are severely anaemic.

Table 10.9 Prevalence of anaemia in children

Percentage of children age 6-59 months classified as having anaemia, by background characteristics, Lesotho 2004

Background characteristic	Any anaemia	Anaemia status			Number of children
		Mild (10.0-10.9 g/dl)	Moderate (7.0-9.9 g/dl)	Severe (below 7.0 g/dl)	
Age in months					
6-9	61.7	23.3	38.2	0.2	104
10-11	67.3	26.9	38.9	1.5	67
12-23	59.3	24.5	32.6	2.2	286
24-35	51.4	24.0	25.1	2.3	347
36-47	42.0	23.9	16.8	1.2	323
48-59	33.9	15.6	18.0	0.3	307
Sex					
Male	50.5	22.7	27.1	0.7	736
Female	46.7	22.1	22.4	2.1	699
Birth order¹					
2-3	51.5	24.8	25.9	0.9	336
4-5	49.5	22.6	25.3	1.6	401
6+	50.1	18.8	29.3	2.0	191
Birth interval in months¹					
First birth ²	51.8	24.6	26.3	0.9	338
<24	51.7	24.8	24.8	2.0	82
24-47	50.2	20.4	27.9	1.9	359
48+	46.8	23.1	22.4	1.4	277
Residence					
Urban	48.7	26.8	20.2	1.7	160
Rural	48.6	21.8	25.4	1.4	1,275
Ecological zone					
Lowlands	49.7	23.4	24.9	1.4	682
Foothills	52.5	22.6	28.4	1.5	197
Mountains	44.5	20.1	23.1	1.4	450
Senqu River Valley	52.1	25.4	25.3	1.4	106
District					
Butha-Buthe	38.2	14.2	23.3	0.7	85
Leribe	51.7	23.0	27.6	1.1	189
Berea	63.2	30.4	31.6	1.2	197
Maseru	52.8	20.1	29.6	3.0	233
Mafeteng	40.0	20.6	18.6	0.8	178
Mohale's Hoek	46.3	19.9	24.8	1.7	124
Quthing	44.3	23.3	20.4	0.6	123
Qacha's Nek	46.7	20.4	20.8	5.4	68
Mokhotlong	61.9	27.3	34.5	0.0	110
Thaba-Tseka	29.0	19.6	9.3	0.1	129
Mother's education³					
No education	32.7	0.0	32.7	0.0	2
Primary, incomplete	46.1	19.7	25.1	1.4	349
Primary, complete	49.4	23.2	24.9	1.3	327
Secondary+	50.5	22.8	26.3	1.4	487
Mother's age³					
15-19	65.1	21.9	42.0	1.1	69
20-24	48.9	23.6	24.1	1.3	352
25-29	53.3	23.8	28.4	1.1	279
30-34	43.6	19.5	22.2	1.9	197
35-49	43.9	19.5	22.9	1.5	269
Children of interviewed mothers	49.9	22.8	25.7	1.4	1,055
Children of non-interviewed mothers					
Mother in the household	38.8	13.3	24.5	1.0	111
Mother not in the household ⁴	47.3	24.6	21.3	1.5	268
Wealth quintile					
Lowest	48.3	18.6	28.1	1.5	356
Second	49.0	25.7	21.6	1.6	367
Middle	45.9	21.3	23.3	1.3	276
Fourth	52.8	23.5	27.7	1.7	247
Highest	47.1	23.1	23.4	0.6	188
Total	48.6	22.4	24.8	1.4	1,435

Note: Table is based on children who stayed in the household the night before the interview. Prevalence is adjusted for altitude using formulas in CDC, 1989. g/dl = grams per decilitre

¹ Excludes children whose mothers were not interviewed

² First-born twins, (triplets, etc.) are counted as first births because they do not have a previous birth interval

³ For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the household schedules

⁴ Includes children whose mothers are deceased

Prevalence of anaemia among children 6-59 months is highest in Mokhotlong (62 percent) and lowest in Thaba-Tseka (29 percent). Urban and rural areas have the same level of anaemia among children (49 percent). Children whose mothers are age 15-19 years are more anaemic than those of mothers in other age groups. Qacha's Nek (5 percent) and Maseru (3 percent) have the highest prevalence of severely anaemic children. This shows that there is need to intensify the various components of the anaemia control strategy in these districts.

10.2.5 Prevalence of Anaemia in Women

Table 10.10 presents information on the prevalence of anaemia among women age 15-49. Twenty-seven percent of women have some level of anaemia. Prevalence is higher among urban women (38 percent) than rural women (24 percent). Thirty-five percent of HIV-positive women have some degree of anaemia compared with 24 percent of HIV-negative women. Among districts, prevalence of anaemia ranges from a low of 17 percent in Qacha's Nek to a high of 32 percent in Maseru. Prevalence of anaemia increases with wealth quintile.

Table 10.10 Prevalence of anaemia in women

Percentage of women age 15-49 with anaemia, by background characteristics, Lesotho 2004

Background characteristic	Any anaemia	Anaemia status			Number of women
		Mild anaemia	Moderate anaemia	Severe anaemia	
Age¹					
15-19	24.9	19.0	5.2	0.7	655
20-24	26.6	18.7	7.6	0.3	534
25-29	25.4	17.4	6.7	1.3	391
30-34	28.4	17.9	9.2	1.3	327
35-39	33.8	24.2	9.0	0.6	274
40-44	30.5	17.6	10.9	1.9	284
45-49	24.0	16.5	6.2	1.3	239
Children ever born²					
None	26.8	19.0	7.3	0.6	823
1	27.1	20.3	6.0	0.8	506
2-3	28.5	17.8	9.3	1.5	747
4-5	27.4	19.8	7.0	0.7	368
6+	23.8	16.1	6.3	1.4	259
Maternity status²					
Pregnant	25.4	13.5	11.9	0.0	172
Breastfeeding	24.6	19.3	4.6	0.7	505
Neither	27.9	19.0	7.8	1.1	2,027
Using IUCD²					
Yes	(46.0)	(18.8)	(23.7)	(3.4)	36
No	26.9	18.7	7.2	0.9	2,668
Residence					
Urban	38.2	24.9	12.1	1.2	528
Rural	24.4	17.2	6.3	0.9	2,175
Ecological zone					
Lowlands	28.6	19.6	8.2	0.7	1,584
Foothills	23.7	17.2	5.5	1.0	293
Mountains	24.2	16.4	6.3	1.4	643
Senqu River Valley	30.3	21.6	7.8	0.9	184
District					
Butha-Buthe	20.7	14.9	4.9	0.8	177
Leribe	29.9	20.4	9.0	0.5	379
Berea	29.6	22.5	5.9	1.2	331
Maseru	31.6	21.0	9.9	0.7	582
Mafeteng	21.6	14.7	6.2	0.7	337
Mohale's Hoek	26.4	17.4	8.0	1.0	276
Quthing	30.0	18.2	9.0	2.8	193
Qacha's Nek	17.4	13.2	3.2	1.0	107
Mokhotlong	28.7	18.9	8.8	1.1	151
Thaba-Tseka	21.1	17.8	2.6	0.6	171
Education¹					
No education	26.0	23.8	2.3	0.0	65
Primary, incomplete	24.8	17.9	5.9	1.0	891
Primary, complete	28.4	19.5	8.1	0.9	720
Secondary+	28.3	18.6	8.7	1.0	1,028
Wealth quintile					
Lowest	20.8	15.5	4.3	1.0	409
Second	26.2	17.8	7.7	0.7	547
Middle	26.4	17.5	8.4	0.5	494
Fourth	29.6	20.5	7.7	1.3	593
Highest	30.2	20.9	8.3	1.1	660
HIV status					
Positive	35.3	23.3	10.8	1.2	680
Negative	23.8	16.8	6.2	0.8	1,919
Total	27.1	18.7	7.5	0.9	2,703

Note: Table is based on women who stayed in the household the night before the interview. Prevalence is adjusted for altitude and for smoking status, if known, using formulas in CDC, 1989. Women with <7.0 g/dl of haemoglobin have severe anaemia, women with 7.0-9.9 g/dl have moderate anaemia, and pregnant women with 10.0-10.9 g/dl and nonpregnant women with 10.0-11.9 g/dl have mild anaemia. Numbers in parentheses are based on 25-49 unweighted cases.

¹ For women who are not interviewed, information is taken from the Household Questionnaire

² Excludes women who were not interviewed

10.2.6 Prevalence of Anaemia in Children by Anaemia Status of Mother

Table 10.11 shows the percentage of children age 6-59 months classified as anaemic, by the anaemia status of the mother. There is no strong relationship between the anaemia status of the mothers and the anaemia status of children.

Table 10.11 Prevalence of anaemia in children by anaemia status of mother					
Percentage of children age 6-59 months classified as having anaemia, by anaemia status of mother, Lesotho 2004					
Anaemia status of mother	Any anaemia	Anaemia status of child			Number of children
		Mild (10.0-10.9 g/dl)	Moderate (7.0-9.9 g/dl)	Severe (below 7.0 g/dl)	
Any anaemia	55.2	28.5	24.3	2.3	228
Anaemia status					
Mild anaemia	56.2	29.8	25.9	0.5	168
Moderate anaemia	49.6	28.7	20.8	0.0	49
Severe anaemia	*	*	*	*	11
Total	50.8	23.9	25.4	1.6	915
Note: Table is based on children who stayed in the household the night before the interview. Prevalence is adjusted for altitude (and for smoking in the case of mothers with information on smoking status) using formulas in CDC, 1989. Table includes only cases with anaemia measurements for both mothers and children. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed.					

10.3 NUTRITIONAL STATUS OF CHILDREN UNDER FIVE

The growth patterns of healthy and well-fed children are reflected in positive changes in their height and weight. Inadequate food supply, among other factors, often leads to malnutrition, resulting in serious consequences on the physical and mental growth and development of the children. Monitoring of nutrition indicators provides information on the progress made in achieving the Millennium Development Goals,¹ as well as targets set in the Health Sector Reforms.

In addition to questions about infant and young children's feeding practices, the 2004 LDHS included an anthropometric component, in which all children under five years of age were both weighed and measured. Each interviewing team carried a scale and measuring board. The scales were lightweight, bathroom-type scales with a digital screen designed and manufactured under the authority of UNICEF. The measuring boards were specially produced by Shorr Productions for use in survey settings. Children younger than 24 months were measured lying down on the board (recumbent length), and standing height was measured for older children.

Evaluation of nutritional status is based on the rationale that in a well-nourished population, there is a statistically predictable distribution of children for any age. In any large population, there is variation in height and weight. This variation approximates a normal distribution. Use of a standard reference population as a point of comparison facilitates the examination of differences in the anthropometric status of subgroups in a population and of changes in nutritional status over time. One of the most commonly used reference populations, and the one used in this report, is the U.S. National Centre for Health Statistics (NCHS) standard, which is recommended for use by the World Health Organisation (WHO).

¹ One of the 48 Millennium Development indicators is to reduce by half the proportion of malnourished children by 2015.

The use of this reference population is based on the finding that young children of all population groups have similar genetic potential for growth.

Three standard indices of physical growth that describe the nutritional status of children are presented:

- Height-for-age (stunting)
- Weight-for-height (wasting)
- Weight-for-age (underweight).

Each of the three nutritional indicators is expressed in standard deviations (Z-scores) from the mean of the reference population.² Deviations of the indicators below -2 standard deviations (SD) indicate that the children are moderately affected, while deviations below -3 SD indicate that the children are severely affected. A total of 1,937 (weighted) children under age five were eligible to be weighed and measured. Eight percent of these children were not measured, 6 percent had implausibly high or low values for the height and weight measurements, and 2 percent had incomplete age information. The following analysis focuses on the 1,620 children under five for whom complete and plausible anthropometric data were collected.

10.3.1 Stunting

Height-for-age is a measure of linear growth. A child who is below -2 SD from the median of the reference population in terms of height-for-age is considered short for his/her age, or stunted, a condition reflecting the cumulative effect of chronic malnutrition. If the child is below -3 SD from the reference median, then the child is considered to be severely stunted. A child between -2 and -3 SD is considered to be moderately stunted. Stunting reflects failure to receive adequate nutrition over a long period of time and may also be caused by recurrent and chronic illness. Height-for-age, therefore, represents a measure of the long-term effects of malnutrition in a population and does not vary appreciably according to the season of data collection. Stunted children are not immediately obvious in a population, a stunted three-year-old child could look like a well-fed two-year-old.

Table 10.12 shows the nutritional status of children under five as measured by stunting (height-for-age) indicator by various background characteristics. At the national level, 38 percent of children under five are stunted, and the proportion severely stunted is 15 percent. This represents a significant decline when compared with the 2000 EMICS, which showed a national level of stunting of 45 percent, and a level of severe stunting at 21 percent. Analysis of the indicator by various age groups shows that stunting is highest (46 percent) in children age 12-23 months and lowest (11 percent) in children age 6-9 months. As reflected in the table, children age 12-23 months have the highest proportion of severely stunted children (22 percent) compared with children in other age groups.

A higher proportion (39 percent) of male children under five years are stunted compared with female children (37 percent). The survey data show that one-third of children living in urban areas are moderately stunted compared with two-thirds of rural children. At the district level, Thaba-Tseka (52 percent) has the highest proportion of stunted children, and Berea has the lowest (28 percent).

The mother's level of education has an inverse relationship with stunting levels. For example, children of mothers with secondary or higher education have the lowest level of severe stunting (13 percent), while children whose mothers have incomplete primary education have the highest level of severe stunting (18 percent).

² The distribution of the standard reference population has been normalised and hence the mean and median coincide.

Table 10.12 Nutritional status of children

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Lesotho 2004

Background characteristic	Height-for-age			Weight-for-height			Weight-for-age			Number of children
	Percentage below -3 SD	Percentage below -2 SD ¹	Mean Z-score	Percentage below -3 SD	Percentage below -2 SD ¹	Mean Z-score	Percentage below -3 SD	Percentage below -2 SD ¹	Mean Z-score	
Age in months										
<6	0.0	15.0	(0.4)	1.4	4.5	0.7	0.6	2.3	0.3	149
6-9	4.4	11.2	(0.7)	1.1	6.5	(0.0)	0.3	7.5	(0.6)	96
10-11	9.7	29.2	(1.1)	1.3	5.9	0.0	5.0	13.2	(0.9)	69
12-23	22.2	45.6	(1.9)	2.2	6.2	0.0	5.6	22.4	(1.2)	303
24-35	15.8	40.5	(1.7)	0.5	3.4	(0.2)	4.3	24.4	(1.2)	345
36-47	17.2	42.3	(1.8)	0.6	3.1	(0.0)	2.5	20.1	(1.1)	329
48-59	17.5	45.2	(1.9)	1.4	3.7	(0.2)	4.3	25.3	(1.3)	329
Sex										
Male	16.8	39.4	(1.7)	1.4	4.4	(0.0)	3.8	18.9	(1.0)	828
Female	13.6	37.0	(1.5)	1.0	4.2	(0.0)	3.4	20.8	(1.0)	793
Birth order										
2-3	14.4	36.4	(1.6)	0.8	3.3	0.1	3.2	17.8	(0.9)	417
4-5	13.4	34.6	(1.5)	0.8	2.6	0.1	3.2	17.9	(0.8)	468
6+	15.6	38.1	(1.5)	3.1	7.1	(0.3)	4.7	23.5	(1.2)	221
Birth interval in months²										
First birth ³	14.5	36.5	(1.6)	0.8	3.3	0.1	3.2	17.7	(0.9)	419
<24	32.5	54.0	(2.3)	1.0	4.3	(0.1)	10.6	32.2	(1.4)	91
24-47	15.6	39.0	(1.6)	1.6	5.4	(0.1)	3.9	21.7	(1.1)	405
48+	10.0	29.2	(1.3)	1.6	3.6	0.1	2.6	15.6	(0.8)	335
Size at birth²										
Very small	(23.2)	(61.9)	(2.3)	(5.2)	(9.1)	(0.1)	(5.2)	(27.8)	(1.5)	38
Small	23.4	60.1	(2.1)	0.8	5.5	(0.2)	9.1	33.0	(1.5)	108
Average or larger	13.7	33.2	(1.5)	1.2	3.7	0.1	3.2	18.0	(0.9)	1,079
Residence										
Urban	11.1	30.0	(1.3)	1.1	4.0	0.0	3.8	16.0	(0.8)	214
Rural	15.9	39.5	(1.6)	1.2	4.4	(0.0)	3.6	20.4	(1.0)	1,406
Ecological zone										
Lowlands	12.0	32.9	(1.4)	0.8	3.7	(0.0)	3.0	14.2	(0.9)	794
Foothills	17.6	38.9	(1.7)	0.7	4.0	(0.0)	3.5	21.0	(1.1)	218
Mountains	18.7	45.0	(1.8)	1.2	4.2	(0.0)	4.1	26.6	(1.2)	488
Senqu River Valley	18.1	44.6	(1.7)	4.1	9.6	(0.0)	6.0	27.4	(1.1)	120
District										
Butha-Butha	11.2	30.4	(1.5)	0.4	3.7	0.1	2.1	16.1	(0.8)	108
Leribe	13.4	30.7	(1.2)	2.3	3.7	(0.1)	6.0	17.2	(0.9)	208
Berea	9.5	28.4	(1.4)	0.9	5.7	(0.0)	2.3	14.6	(0.9)	211
Maseru	15.8	41.4	(1.7)	0.4	1.8	0.1	2.1	17.8	(1.0)	290
Mafeteng	12.6	36.0	(1.4)	0.0	3.7	(0.0)	0.8	12.6	(0.9)	200
Mohale's Hoek	15.8	35.0	(1.5)	0.8	3.7	(0.2)	4.7	18.6	(1.1)	149
Quthing	17.6	44.2	(1.7)	4.4	10.1	0.1	5.7	29.4	(1.0)	131
Qacha's Nek	18.7	45.9	(1.8)	2.4	6.9	(0.1)	6.9	27.0	(1.2)	73
Mokhotlong	22.9	49.2	(2.0)	0.8	4.5	(0.0)	7.6	25.9	(1.2)	106
Thaba-Tseka	21.7	51.9	(2.1)	0.8	3.7	(0.1)	2.5	32.6	(1.3)	145
Mother's education⁴										
No education	*	*	*	*	*	*	*	*	*	4
Primary, incomplete	17.5	41.3	(1.7)	1.6	5.3	(0.1)	5.7	24.8	(1.1)	391
Primary, complete	14.0	37.6	(1.6)	1.0	4.5	(0.1)	2.5	19.6	(1.0)	371
Secondary+	13.2	34.6	(1.5)	1.0	4.1	0.1	3.6	15.9	(0.8)	594
Mother's age										
15-19	11.7	28.4	(1.2)	0.0	3.4	0.3	2.1	9.9	(0.6)	101
20-24	15.4	39.1	(1.6)	0.8	4.6	0.0	4.2	19.7	(1.0)	432
25-29	14.5	37.1	(1.6)	0.5	3.8	0.1	4.3	21.6	(0.9)	302
30-34	12.1	33.8	(1.4)	1.9	4.8	0.0	2.8	17.5	(0.9)	220
35-49	16.7	40.7	(1.7)	2.2	5.6	(0.2)	4.6	21.7	(1.2)	304
Children of interviewed mothers	15.0	36.6	(1.6)	1.3	4.1	0.0	3.8	19.5	(1.0)	1,250
Children of un interviewed mothers										
Mother in the household	11.6	45.9	(1.6)	0.0	9.9	(0.2)	5.7	19.3	(1.2)	110
Mother not in the household ⁵	18.2	42.8	(1.6)	1.1	2.9	(0.1)	2.0	21.7	(1.1)	260
Wealth quintile										
Lowest	17.6	46.9	(1.9)	1.3	4.6	(0.1)	4.7	26.9	(1.3)	364
Second	21.1	45.6	(1.8)	1.3	4.8	(0.1)	4.5	24.1	(1.2)	393
Middle	15.6	35.5	(1.5)	1.2	3.5	0.0	2.5	18.6	(0.9)	329
Fourth	9.6	31.3	(1.3)	0.8	3.7	0.0	3.1	13.6	(0.8)	301
Highest	8.5	25.0	(1.2)	1.2	5.0	0.1	2.5	11.4	(0.7)	234
Total	15.2	38.2	(1.6)	1.2	4.3	(0.0)	3.6	19.8	(1.0)	1,620

Note: Table is based on children who stayed in the household the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the NCHS/CDC/WHO International Reference Population. The percentage of children who are more than three or more than two standard deviations below the median of the International Reference Population (-3 SD and -2 SD) are shown according to background characteristics. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight. Numbers in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed.

¹ Includes children who are below -3 standard deviations (SD) from the International Reference Population median.

² Excludes children whose mothers were not interviewed.

³ First-born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval.

⁴ For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the household schedule.

⁵ Includes children whose mothers are deceased.

Forty-one percent of children whose mothers are age 35-49 years are stunted compared with those whose mothers are age 15-19 years (28 percent). Severe stunting is more pronounced in children whose mothers do not live in the household (18 percent) compared with those whose mothers live in the household (12 percent). The proportion of stunting among children decreases with the wealth of the mothers, 47 percent in the lowest quintile compared with 25 percent in the highest quintile.

10.3.2 Wasting

Weight-for-height measures body mass in relation to body length and describes current nutritional status. A child who is below -2 SD from the reference median for weight-for-height is considered to be too thin for his/her height, or wasted, a condition reflecting acute malnutrition. Wasting represents the failure to receive adequate nutrition in the period immediately preceding the survey and may be the result of inadequate food intake or recent episodes of illness causing loss of weight and the onset of malnutrition. As with stunting, wasting is considered severe if the child is below -3 SD from the reference mean. Severe wasting is closely linked to an elevated risk of mortality. Prevalence of wasting may vary considerably by season.

Table 10.12 also shows the nutritional status of children under five years as measured by wasting children. Nationally, 4 percent of children are wasted, and the proportion of severely wasted children is 1 percent.

Wasting is highest in children age 6-9 months (7 percent) and lowest in children age 24-35 and 36-47 months (3 percent). Children born after a birth interval of 24-47 months are more likely to be wasted (5 percent) than those who are first born (3 percent). In the ecological zones, Senqu River Valley has a high level of wasting (10 percent) compared with the other zones (4 percent). At the district level, the prevalence of wasting is highest in Quthing (10 percent) and lowest in Maseru (2 percent).

10.3.3 Underweight

Weight-for-age is a composite index of height-for-age and weight-for-height and, thus, does not distinguish between acute malnutrition (wasting) and chronic malnutrition (stunting). A child can be underweight for his age because he is stunted, wasted, or both. Weight-for-age is a useful tool in clinical settings for continuous assessment of nutritional progress and growth. Children whose weight-for-age is below -2 SD from the median of the reference population are classified as underweight.

As shown in Table 10.12, 20 percent of children under five are underweight, an increase of 2 percent from 2000 EMICS (18 percent). The proportion of severely underweight children is 4 percent. The proportion of underweight children is highest (25 percent) in the 48-59 months age group and lowest (2 percent) for those less than six months of age. There is not much difference between male children (19 percent) and female children (21 percent).

Urban children are less likely to be underweight (16 percent) than rural children (20 percent). At the district level, Thaba-Tseka (33 percent) has the highest proportion of moderate and severely underweight children, and Mafeteng has the lowest proportion (13 percent).

The proportion of underweight children is negatively related with the level of mother's education. Children whose mothers have some primary education have the highest levels of being underweight (25 percent), while the proportion for children of mothers with some secondary education is lowest (16 percent). Wealth is also negatively correlated with the proportion of children who are underweight.

10.4 NUTRITIONAL STATUS OF WOMEN

The 2004 LDHS also collected data on the height and weight of women. The data are used to derive two measures of nutritional status: height and body mass index (BMI). A woman's height can be used to predict the risk of having difficulty in pregnancy, given the relationship between height and pelvic size. The cut-off point at which mothers can be considered at risk because of low stature is normally taken to be between 140 and 150 centimetres (cm). The BMI or Quetelet index is used to measure thinness or obesity. It is defined as weight in kilograms divided by height in metres squared (kg/m^2). A cut-off point of 18.5 is used to define thinness or acute undernutrition. A BMI of 25 or above usually indicates overweight or obesity.

Table 10.13 shows nutritional indicators for women by various background characteristics. At the national level, the mean height for women is 157 cm, with only 2 percent of women falling below the 145 centimetre cut-off. At the district level, the table shows that 4 percent of the women in Mokhotlong are below the cut-off point while only 1 percent is below the cut-off point in Berea, Mafeteng and Mohale's Hoek.

The mean BMI for women age 15-49 is 25. At the national level, 6 percent of women were found to be chronically malnourished ($\text{BMI} < 18.5$) and 1 percent were found to be severely thin.

A substantial proportion of women (42 percent) had a BMI of 25.0 or higher and are considered overweight or obese. The proportion of overweight or obese women is positively correlated with the woman's age. Thus, the group age 45-49 has the highest proportion (68 percent) of overweight or obese women, while the group age 15-19 has the lowest (22 percent) proportion of overweight or obese women. The data show that the proportion of women living in urban areas who are overweight or obese (51 percent) is higher than that for women in rural areas (40 percent). District comparison shows that Mokhotlong has the lowest proportion of overweight or obese women (29 percent), and Maseru has the highest proportion of overweight or obese women (47 percent). Wealth index has a positive relationship with overweight levels. Women in the highest quintile are more likely to be overweight or obese (56 percent) than those in the lowest quintile (28 percent).

Table 10.13 Nutritional status of women by background characteristics

Among women age 15-49, mean height, percentage under 145 cm, mean body mass index (BMI), and percentage with specific BMI levels, by background characteristics, Lesotho 2004

Background characteristic	Height			BMI (kg/m²) ¹									Number of women
	Mean height in centimetres	Percentage below 145 cm	Number of women	Mean BMI	18.5-24.9 (normal)	<18.5 (thin)	17.0-18.4 (mildly thin)	16.0-16.9 (moderately thin)	<16.0 (severely thin)	≥25.0 (overweight or obese)	25.0-29.9 (overweight)	≥30.0 (obese)	
Age													
15-19	155.8	3.1	827	22.5	67.8	10.1	6.5	2.5	1.1	22.1	18.9	3.2	772
20-24	157.0	1.9	674	23.6	63.8	7.0	4.8	1.1	1.1	29.2	22.7	6.5	596
25-29	157.8	1.5	496	25.4	50.4	3.0	2.5	0.1	0.4	46.6	31.2	15.4	437
30-34	158.0	1.6	408	26.5	44.1	4.1	2.8	0.7	0.6	51.8	25.4	26.3	371
35-39	157.9	1.7	348	27.2	37.8	2.8	1.8	0.8	0.3	59.4	31.4	28.0	330
40-44	157.3	2.3	360	27.1	40.5	2.8	2.4	0.1	0.3	56.8	28.0	28.8	352
45-49	157.4	2.2	291	27.8	27.8	4.0	2.8	1.1	0.2	68.2	38.4	29.8	287
Residence													
Urban	157.7	2.6	788	26.1	46.7	2.8	1.9	0.3	0.5	50.5	31.4	19.1	754
Rural	156.9	2.0	2,615	24.7	53.6	6.6	4.5	1.3	0.7	39.8	24.6	15.2	2,391
Ecological zone													
Lowlands	157.3	1.8	2,077	25.5	48.1	5.4	3.7	1.1	0.6	46.5	27.6	18.9	1,952
Foothills	157.4	2.3	358	24.2	56.3	8.0	5.3	1.7	1.0	35.7	23.2	12.4	328
Mountains	156.4	3.6	750	24.0	62.2	5.5	3.6	1.0	1.0	32.3	22.8	9.4	663
Senqu River Valley	157.2	0.8	218	25.3	48.6	5.1	4.3	0.6	0.1	46.4	28.5	17.9	201
District													
Butha-Buthe	157.0	1.8	215	25.1	55.7	5.8	3.3	1.3	1.2	38.5	20.9	17.7	203
Leribe	157.5	1.7	490	25.5	49.1	6.0	4.5	0.8	0.7	44.9	24.9	20.0	453
Berea	156.9	1.1	404	24.8	50.9	7.1	6.2	0.7	0.2	42.0	28.4	13.6	366
Maseru	157.3	3.1	864	25.5	48.2	4.9	2.7	1.2	0.9	46.9	30.0	16.9	808
Mafeteng	157.9	1.1	379	25.1	54.1	4.6	3.7	0.9	0.0	41.4	22.3	19.1	358
Mohale's Hoek	156.9	1.2	341	25.0	46.0	8.2	5.5	2.2	0.5	45.9	29.2	16.7	316
Quthing	157.0	2.4	223	25.2	53.1	2.7	2.3	0.5	0.0	44.2	28.3	15.9	199
Qacha's Nek	156.3	2.3	114	24.4	62.3	3.9	2.7	1.0	0.2	33.7	20.8	12.9	106
Mokhotlong	156.6	3.7	173	23.9	65.3	5.3	2.7	1.1	1.5	29.4	20.8	8.6	156
Thaba-Tseka	155.7	3.3	202	23.8	61.7	7.9	5.0	1.2	1.8	30.4	22.3	8.2	179
Education													
No education	155.5	4.0	71	25.0	42.8	7.3	2.7	3.0	1.7	49.9	37.8	12.1	61
Primary, incomplete	156.4	3.0	1,047	24.1	55.9	8.7	5.7	2.2	0.8	35.4	22.9	12.6	960
Primary, complete	157.1	2.3	885	25.2	53.5	5.1	3.8	0.9	0.5	41.4	24.7	16.7	815
Secondary+	157.7	1.3	1,402	25.7	48.6	3.8	2.7	0.4	0.6	47.6	29.1	18.6	1,308
Wealth quintile													
Lowest	156.1	3.1	476	23.5	66.0	6.4	4.2	1.2	1.0	27.6	20.3	7.4	418
Second	156.6	2.5	630	23.7	61.4	6.9	4.9	1.3	0.8	31.7	22.4	9.3	562
Middle	157.2	2.4	604	24.4	55.3	8.8	5.0	2.7	1.1	35.9	21.1	14.8	563
Fourth	157.3	1.7	759	25.4	48.0	5.0	3.3	0.8	0.8	47.0	29.0	18.1	712
Highest	157.7	1.6	934	26.8	40.5	3.1	2.9	0.1	0.1	56.3	32.5	23.9	889
HIV status													
Positive	157.1	2.6	763	24.7	53.6	5.5	3.6	1.4	0.5	40.8	27.4	13.4	706
Negative	156.9	2.3	2,175	25.0	53.7	5.9	4.1	1.1	0.7	40.5	24.3	16.1	1,986
Total	157.1	2.1	3,404	25.1	52.0	5.7	3.9	1.1	0.7	42.3	26.2	16.1	3,144

¹ Excludes pregnant women and women with a birth in the preceding 2 months

John Nkonyana

11.1 INTRODUCTION

Acquired immunodeficiency syndrome (AIDS) is caused by a human immunodeficiency virus (HIV) that weakens the immune system, making the body susceptible to and unable to recover from other opportunistic diseases that lead to death through these secondary infections. This is a serious public health and socioeconomic problem in many countries around the world. The most affected countries are found in sub-Saharan Africa, especially those located in the eastern, central, and southern parts of the continent.

HIV/AIDS remains a major concern in Lesotho because of relatively high prevalence rates reported among adult populations and significantly higher rates among younger ages. The prevalence rate of HIV is lower in rural areas, where about 80 percent of the total population lives, than urban areas. About 85 percent of all AIDS cases occur among people in the most economically productive age group, age 20-45 (Ministry of Health, 2003). The deaths of these individuals constitute a serious economic and social tragedy in the lives of surviving family, friends, and employers.

The principal mode of transmission of HIV is through heterosexual contact. Although the probability of transmitting HIV in a single act of intercourse may be low, a number of factors increase the risk. These factors include the viral load of the infected partner, and the presence in either partner of sexually transmitted infections (STIs), such as syphilis, chancroid, or herpes, which cause genital ulcers or trauma during sexual contact. A significant number of adults in Lesotho suffer from STIs and some have multiple sexual partners, which increases their vulnerability and exposure to HIV. Consequently, most new HIV infections are because of heterosexual contact.

This is followed in importance by perinatal transmission, whereby the mother passes the HIV virus to the child during pregnancy, at the time of birth, or through breastfeeding. Those born to HIV-infected mothers who do not acquire the virus are at risk of becoming orphans when one or both of their parents die from AIDS-related diseases.

Programs designed to slow the spread of HIV need to focus on reducing transmission through sexual contact. Transmission risk also exists among men who have sex with other men, through blood transfusions, and use of unsterilised needles and skin piercing instruments.

The future direction of this pandemic depends on the level of knowledge of how the virus is spread and changes in sexual behaviour. The information obtained from the 2004 LDHS provides a unique opportunity to assess the level of knowledge and practices regarding transmission of the AIDS virus and other STIs. The main objective of this chapter is to determine the level of relevant knowledge, perceptions, attitudes, and behaviours at the national and district levels and for socioeconomic subgroups of the population. The results are useful for AIDS control programmes to target those individuals and groups of individuals most in need of information and those who are at risk of contracting the disease.

The 2004 LDHS included a series of questions related to HIV/AIDS and STIs in both the woman's and man's questionnaires. Both female and male respondents were asked if they have ever heard of AIDS, what a person could do to avoid getting AIDS, if they are aware of mother-to-child transmission, and if they ever talked to their spouse about ways of preventing AIDS. Other questions concerned stigma or discrimination towards people with HIV/AIDS, attitudes towards teaching children about condom use; chances of getting HIV/AIDS, testing for HIV/AIDS, knowledge of other STIs, and infection with STIs.

The data obtained from the 2004 LDHS provide a good opportunity to assess levels and trends in some of these efforts. The principal objective of this chapter is to establish the level of HIV/AIDS knowledge, perceptions, and behaviours at the national level and within geographic and socioeconomic subgroups of the population. This chapter presents findings about current levels of HIV/AIDS knowledge, attitudes, and related behaviours for the general population and for youth separately, as they are the main target of many HIV prevention efforts. On the basis of the findings presented in this chapter, AIDS control programmes can target particular groups of individuals most in need of information and services and most vulnerable to the risk of HIV infection.

11.2 KNOWLEDGE OF AIDS AND HIV TRANSMISSION

11.2.1 Awareness of AIDS

Table 11.1 shows the percentage of women age 15-49 and men age 15-59 who have heard of AIDS by background characteristics. Table 11.1 and subsequent tables in this chapter that refer to women 15-49 and men 15-59 also include a row with total figures for men 15-49. Table 11.1 shows that the level of knowledge of AIDS is almost universal, with 94 percent of women and 93 percent of men indicating that they have heard about AIDS. The results also show that there are almost no differences in level of knowledge by age and marital status, but there is some difference in urban and rural residence for both men and women. The level of AIDS knowledge varies somewhat by district. It ranges from 81 percent of women and 78 percent of men in Thaba-Tseka to 98 percent for both women and men in Butha-Buthe. Knowledge of AIDS increases with level of education and wealth quintile.

Table 11.1 Knowledge of AIDS.

Percentage of women age 15-49 and men age 15-59 who have heard of AIDS by background characteristics, Lesotho 2004

Background characteristics	Women		Men	
	Has heard of AIDS	Number of women	Has heard of AIDS	Number of men
Age				
15-24	92.3	3,173	92.5	1,250
15-19	92.1	1,710	92.5	743
20-24	92.5	1,463	92.5	507
25-29	94.4	1,044	93.8	374
30-39	94.9	1,545	93.3	538
40-49	94.5	1,334	94.9	334
50-59	na	na	92.4	301
Marital status				
Never married	94.8	2,373	92.0	1,422
Ever had sex	96.7	1,197	94.4	916
Never had sex	92.9	1,175	87.7	506
Married/living together	92.7	3,709	94.4	1,191
Divorced/separated/widowed	93.8	1,014	92.9	184
Residence				
Urban	99.5	1,682	99.5	603
Rural	91.7	5,413	91.3	2,194
Ecological zone				
Lowlands	97.5	4,299	96.3	1,734
Foothills	89.5	787	89.6	307
Mountains	84.4	1,572	84.6	585
Senqu River Valley	95.8	437	95.9	171
District				
Butha-Buthe	97.9	458	97.7	182
Leribe	96.6	1,065	95.2	393
Berea	96.2	776	92.4	350
Maseru	96.2	1,868	95.7	741
Mafeteng	92.2	755	90.3	297
Mohale's Hoek	89.5	684	93.5	281
Quthing	90.5	461	94.5	167
Qacha's Nek	90.4	233	87.2	99
Mokhotlong	91.9	360	93.0	130
Thaba-Tseka	80.9	435	78.2	156
Education				
No education	80.1	145	82.4	479
Primary, incomplete	90.9	4,207	93.0	1,546
Primary, complete	98.4	2,651	99.8	696
Secondary+	100.0	92	100.0	77
Wealth quintile				
Lowest	81.5	987	83.5	466
Second	88.5	1,294	89.7	514
Middle	94.7	1,258	94.4	566
Fourth	97.3	1,595	96.5	621
Highest	99.2	1,962	98.3	630
Total men 15-59	na	na	93.1	2,797
Total 15-49	93.6	7,095	93.2	2,496

na = Not applicable

11.2.2 Knowledge of Ways to Reduce AIDS Transmission

Abstaining from sex, being faithful to one uninfected partner, and using condoms are important ways to avoid the spread of HIV/AIDS. To ascertain the depth of knowledge about modes of HIV/AIDS transmission, respondents were asked general questions as to whether there is anything a person can do to avoid getting AIDS or the virus that causes AIDS, and if so, what can be done. They were also prompted with specific questions about whether it is possible to reduce the chance of getting AIDS by having just one faithful sexual partner, using a condom at every sexual encounter, and not having sex at all. Table 11.2 shows the percentage of women and men by their answers to these questions, according to background characteristics.

The results show that knowledge of HIV prevention methods is widespread, although there are differences between women and men. Almost eight in ten women (78 percent) and seven in ten men age 15-49 (70 percent) know that use of condoms can reduce the risk of contracting HIV during sexual intercourse. Eighty-two percent of women and 76 percent of men indicate that the chances of getting AIDS can be reduced by limiting sex to one faithful uninfected partner. Knowledge of both these two ways of avoiding HIV transmission is also high, with 71 percent of women and 60 percent of men citing both as ways of reducing the risk of getting HIV. As expected, the proportion of both women and men who know that abstaining from sex reduces the chances of getting HIV is high—78 percent among women and 75 percent among men.

Knowledge of HIV prevention methods among women and men age 15-19 is lower for all methods compared with respondents in other age groups. Likewise, knowledge of important ways to reduce the risk of getting AIDS is generally lower among those who have never had sex than among those who are married or living with someone, those who are divorced, separated or widowed, or never-married respondents who have had sex.

Urban dwellers are more knowledgeable of any of the methods for HIV prevention than their rural counterparts. The level of awareness by district shows that women and men in Butha-Buthe and Leribe districts are the most informed about HIV/AIDS prevention methods while those living in Thaba-Tseka show the lowest levels of knowledge.

The level of education attainment is strongly related to respondents' knowledge of ways to prevent contracting HIV. Women and men who have no education have considerably lower levels of knowledge of HIV/AIDS prevention than those with some education. The data also show that the poorest respondents, irrespective of sex, are the most disadvantaged in terms of knowledge about methods of HIV prevention.

Table 11.2 Knowledge of HIV prevention methods

Percentage of women age 15-49 and men age 15-59 who, in response to a prompted question, say that people can reduce the risk of getting the AIDS virus by using condoms every time they have sexual intercourse, by having sex with just one partner who is not infected and who has no other partners, and by abstaining from sexual intercourse, by background characteristics, Lesotho 2004

Background characteristics	Women					Men				
	Percentage who say HIV can be prevented by:					Percentage who say HIV can be prevented by:				
	Using condoms ¹	Limiting sex to one uninfected partner ²	Using condoms ¹ and limiting sex to one uninfected partner ²	Abstaining from sexual intercourse	Number of women	Using condoms ¹	Limiting sex to one uninfected partner ²	Using condoms ¹ and limiting sex to one uninfected partner ²	Abstaining from sexual intercourse	Number of men
Age										
15-24	74.7	78.9	66.7	76.4	3,173	70.6	71.9	58.7	74.0	1,250
15-19	73.1	77.0	64.0	74.8	1,710	69.7	68.7	55.7	75.4	743
20-24	76.4	81.1	69.8	78.3	1,463	71.8	76.7	63.2	72.0	507
25-29	81.3	84.1	74.3	78.7	1,044	68.4	80.3	62.6	79.3	374
30-39	81.3	85.9	76.4	79.0	1,545	70.5	79.6	63.1	76.7	538
40-49	77.1	85.3	71.7	79.9	1,334	65.9	77.9	58.5	73.3	334
50-59	na	na	na	na	na	58.5	71.4	52.4	72.8	301
Marital status										
Never married	76.8	81.0	68.5	79.3	2,373	69.9	71.8	58.3	74.0	1,422
Ever had sex	82.2	85.4	74.4	82.9	1,197	74.4	77.6	64.5	75.7	916
Never had sex	71.3	76.5	62.4	75.6	1,175	61.8	61.3	47.1	70.9	506
Married/living together	78.0	82.5	71.9	76.6	3,709	67.1	79.6	61.4	76.9	1,191
Divorced/separated/widowed	77.6	85.2	72.8	79.8	1,014	65.2	72.7	54.9	71.0	184
Residence										
Urban	85.5	90.1	79.5	88.3	1,682	79.1	86.4	74.0	84.7	603
Rural	75.1	80.0	68.2	74.7	5,413	65.5	72.1	55.4	72.4	2,194
Ecological zone										
Lowlands	82.3	86.7	75.3	82.5	4,299	74.3	79.3	65.0	80.4	1,734
Foothills	73.4	80.5	68.2	73.2	787	61.6	71.5	52.1	67.3	307
Mountains	65.3	70.8	58.5	67.0	1,572	52.7	63.5	43.9	63.0	585
Senqu River Valley	82.1	85.7	76.3	81.2	437	74.6	80.2	68.9	76.0	171
District										
Butha-Buthe	82.2	90.0	77.8	84.8	458	73.2	87.1	67.6	81.3	182
Leribe	85.3	89.7	80.8	82.6	1,065	73.8	84.0	68.5	80.3	393
Berea	79.8	85.1	72.0	84.0	776	69.9	71.7	58.5	73.9	350
Maseru	78.7	87.4	73.7	78.6	1,868	71.5	80.3	64.8	74.4	741
Mafeteng	74.6	72.4	61.3	74.7	755	68.5	58.2	47.1	76.4	297
Mohale's Hoek	75.5	75.9	67.7	73.6	684	66.2	74.2	56.2	77.4	281
Quthing	75.5	80.6	70.6	77.2	461	70.6	80.5	66.5	75.0	167
Qacha's Nek	70.8	74.5	63.1	67.5	233	56.4	63.9	50.6	57.0	99
Mokhotlong	73.0	80.6	68.9	76.5	360	56.4	77.8	53.4	74.2	130
Thaba-Tseka	62.5	65.6	52.6	66.1	435	50.5	56.5	35.4	65.7	156
Education										
No education	51.0	62.2	45.6	59.4	145	45.3	58.7	37.9	60.0	479
Primary, incomplete	73.3	78.6	66.2	74.5	4,207	65.9	73.3	55.1	73.9	1,546
Primary, complete	85.2	89.0	79.1	84.1	2,651	88.1	89.0	81.2	86.7	696
Secondary+	94.1	95.8	89.9	88.2	92	84.0	91.0	81.5	85.7	77
Wealth quintile										
Lowest	61.8	66.2	53.6	63.3	987	50.7	63.3	43.2	63.3	466
Second	69.5	76.1	62.6	72.2	1,294	62.8	68.6	50.6	66.3	514
Middle	79.4	83.1	72.5	77.7	1,258	67.1	74.3	58.0	76.4	566
Fourth	82.0	87.7	76.4	80.8	1,595	75.0	80.4	65.6	81.0	621
Highest	85.8	89.9	79.5	87.0	1,962	80.8	85.1	73.7	83.7	630
Total men 15-59	na	na	na	na	na	68.4	75.2	59.4	75.0	2,797
Total 15-49	77.5	82.4	70.9	78.0	7,095	69.6	75.6	60.2	75.3	2,496

na = Not applicable

¹ Every time they have sexual intercourse

² Who has no other partners

11.2.3 Rejection of Misconceptions about AIDS Transmission

In addition to knowing about effective ways to avoid contracting HIV/AIDS, it is also useful to be able to identify incorrect ways of avoiding the virus to eliminate common misconceptions. Common misconceptions about AIDS include beliefs that the AIDS virus can be transmitted by supernatural means, by mosquito bites, by sharing food or utensils with someone who is infected, or by kissing someone, and the belief that people who are healthy-looking cannot have the AIDS virus. In the 2004 LDHS, respondents were asked about all these misconceptions.

Tables 11.3.1 and 11.3.2 indicate that a large majority of Basotho do not know that the AIDS virus cannot be transmitted by mosquito bites; only 44 percent of women and 43 percent of men age 15-49 know that AIDS cannot be transmitted by mosquito bites. Furthermore, only 58 percent of women and 49 percent of men know that a person cannot become infected with the AIDS virus by sharing food or utensils with someone who has AIDS.

Knowledge that a healthy-looking person can have the AIDS virus is widespread. Three-fourths of women (75 percent) and almost seven in ten men (69 percent) are aware that a healthy-looking person can have the AIDS virus. Looking at the proportion of respondents who reject the two most common misconceptions in Lesotho—that AIDS can be transmitted by mosquito bites and that a person can become infected with the AIDS virus by sharing food or utensils with someone who is infected—and who believe that a healthy-looking person can have the AIDS virus, only 30 percent of women and 24 percent of men age 15-49 have correct knowledge and awareness on all these issues together.

A person is considered to have a comprehensive knowledge about AIDS when they say that use of condoms for every sexual intercourse and having just one uninfected and faithful partner can reduce the chance of getting the AIDS virus, that a healthy-looking person can have the AIDS virus, and when they reject the two most common local misconceptions. In Lesotho, only 24 percent of women and 19 percent of men age 15 to 49 have comprehensive knowledge of HIV/AIDS transmission and prevention methods.

The analysis shows considerable differentials in the levels of rejection of the most common misconceptions and the comprehensive knowledge regarding AIDS transmission. The proportion of women and men who reject the most common misconceptions, who know that a healthy-looking person can have the AIDS virus, or who have comprehensive knowledge about AIDS generally decreases slightly with age. For all indicators, the proportion of respondents with correct knowledge about AIDS is higher in urban than rural areas. Among districts, the proportion of women with a comprehensive knowledge about AIDS ranges from 11 percent on Mokhotlong to 33 percent in Maseru, while for men it ranges from 6 percent in Mokhotlong to 26 percent in Maseru. Education and wealth are directly correlated with the level of correct knowledge and awareness about AIDS-related issues. For both men and women, the level of correct knowledge and awareness about AIDS increases with educational level and wealth index. The level of knowledge and awareness about AIDS is higher among women than men.

Table 11.3.1 Misconceptions and comprehensive knowledge about AIDS: women

Percentage of women age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about AIDS transmission or prevention, and the percentage with comprehensive knowledge about AIDS by background characteristics, Lesotho 2004

Background characteristics	Percentage of women who say that:					Percentage who say a healthy-looking person can have the AIDS virus and who reject the two most common misconceptions ¹	Percentage with comprehensive knowledge about AIDS ²	Number of women
	A healthy-looking person can have the AIDS virus	AIDS cannot be transmitted by mosquito bites	AIDS cannot be transmitted by super-natural means	A person cannot become infected by sharing food or utensils with a person who has AIDS	AIDS cannot be transmitted by kissing someone			
Age								
15-24	70.6	49.2	81.5	61.9	63.3	32.1	25.8	3,173
15-19	66.2	52.1	80.7	63.3	64.0	33.1	25.6	1,710
20-24	75.7	45.7	82.3	60.2	62.5	31.0	26.0	1,463
25-29	81.4	40.7	82.4	60.5	60.0	29.8	24.1	1,044
30-39	80.9	39.6	78.5	56.5	57.2	28.7	24.7	1,545
40-49	75.5	36.6	74.4	48.4	47.6	24.4	21.1	1,334
Marital status								
Never married	74.5	54.4	84.6	68.6	70.4	38.9	31.5	2,373
Ever had sex	82.4	51.9	87.5	71.1	72.0	39.9	34.4	1,197
Never had sex	66.5	56.9	81.7	66.0	68.7	37.8	28.5	1,175
Married/living together	75.9	38.3	77.3	52.7	53.0	25.3	21.1	3,709
Divorced/separated/widowed	75.2	36.9	76.3	52.3	51.2	23.6	20.2	1,014
Residence								
Urban	91.2	54.5	88.5	76.5	75.0	45.1	37.8	1,682
Rural	70.4	40.1	76.9	52.2	53.5	24.8	20.3	5,413
Ecological zone								
Lowlands	83.9	45.9	84.8	65.4	67.2	33.5	27.6	4,299
Foothills	70.7	43.8	74.6	51.9	51.7	28.7	24.0	787
Mountains	53.5	36.0	67.4	39.2	38.2	18.0	14.5	1,572
Senqu River Valley	78.0	45.5	81.9	62.8	59.5	34.2	29.5	437
District								
Butha-Buthe	76.7	47.6	83.4	62.2	60.9	31.5	26.3	458
Leribe	82.9	45.6	84.8	66.5	67.8	32.8	29.3	1,065
Berea	75.2	39.3	79.1	55.4	59.9	23.8	19.3	776
Maseru	84.7	51.3	84.3	69.5	68.3	40.6	33.2	1,868
Mafeteng	77.3	35.0	80.3	53.3	57.6	23.0	16.1	755
Mohale's Hoek	71.1	39.1	72.3	47.7	48.9	24.0	20.2	684
Quthing	74.2	41.4	73.9	56.5	52.5	31.8	27.7	461
Qacha's Nek	54.2	39.7	70.3	45.1	50.1	17.2	15.1	233
Mokhotlong	48.4	35.2	76.0	32.6	34.8	12.9	11.2	360
Thaba-Tseka	53.2	40.9	68.1	41.6	36.9	21.5	15.6	435
Education								
No education	45.3	25.0	53.8	25.9	18.4	9.1	5.1	145
Primary, incomplete	67.0	36.5	73.8	47.4	47.1	20.6	17.0	4,207
Primary, complete	89.4	54.4	89.8	75.3	78.0	43.5	35.8	2,651
Secondary+	99.5	77.7	93.4	92.5	88.7	71.9	70.2	92
Wealth quintile								
Lowest	50.3	33.2	60.6	33.5	30.9	14.3	11.0	987
Second	61.9	36.0	71.7	44.2	43.1	18.8	15.2	1,294
Middle	74.6	41.0	81.0	57.4	60.3	25.4	21.2	1,258
Fourth	84.0	44.0	84.4	62.5	64.3	32.4	27.0	1,595
Highest	90.1	54.8	89.6	76.0	76.9	44.7	37.3	1,962
Total 15-49	75.3	43.5	79.6	58.0	58.6	29.6	24.4	7,095

¹ Two most common misconceptions in Lesotho are: 1) AIDS can be transmitted by mosquito bites, and 2) a person can become infected by sharing food or utensils with a person who has AIDS

² Respondents with comprehensive knowledge say that use of condom for every sexual intercourse and having just one uninfected and faithful partner can reduce the chance of getting the AIDS virus, say that a healthy-looking person can have the AIDS virus, and reject the two most common misconceptions

Table 11.3.2 Misconceptions and comprehensive knowledge about AIDS: men

Percentage of men age 15-59 who say that a healthy-looking person can have the AIDS virus and who, in response to a prompted questions, correctly reject local misconceptions about AIDS transmission or prevention, and the percentage with a comprehensive knowledge about AIDS by background characteristics, Lesotho 2004

Background characteristics	Percentage of men who say that:					Percentage who say that a healthy-looking person can have the AIDS virus and who reject the two most common misconceptions ¹	Percentage with comprehensive knowledge about AIDS ²	Number of men
	A healthy-looking person can have the AIDS virus	AIDS cannot be transmitted by mosquito bites	AIDS cannot be transmitted by super-natural means	A person cannot become infected by sharing food or utensils with a person who has AIDS	AIDS cannot be transmitted by kissing someone			
Age								
15-24	64.3	46.3	75.6	50.0	53.3	24.6	18.4	1,250
15-19	58.6	48.9	75.1	49.9	53.8	24.6	18.0	743
20-24	72.6	42.5	76.4	50.1	52.5	24.7	18.8	507
25-29	77.7	44.5	77.0	51.2	53.0	28.6	24.0	374
30-39	73.1	37.8	75.9	48.4	47.8	23.7	18.9	538
40-49	72.8	34.8	70.6	41.6	48.8	19.4	16.3	334
50-59	69.1	28.7	65.4	30.5	33.3	12.4	6.4	301
Marital status								
Never married	65.4	46.4	75.0	49.4	54.5	25.7	19.4	1,422
Ever had sex	72.7	45.2	79.7	50.7	56.7	25.5	20.4	916
Never had sex	52.1	48.6	66.4	47.0	50.5	26.2	17.7	506
Married/living together	74.5	35.5	74.4	44.4	45.3	20.2	16.2	1,191
Divorced/separated/widowed	66.0	37.2	66.2	41.4	38.5	21.1	14.1	184
Residence								
Urban	87.5	51.6	83.3	69.1	72.1	40.3	34.1	603
Rural	64.3	38.3	71.7	40.6	43.3	18.3	13.2	2,194
Ecological zone								
Lowlands	77.2	43.6	79.3	52.7	57.6	27.7	21.2	1,734
Foothills	64.1	36.0	68.7	42.5	42.3	16.8	14.1	307
Mountains	46.9	37.9	60.5	30.0	30.0	12.5	8.8	585
Senqu River Valley	75.5	37.6	78.5	51.4	47.7	22.7	19.1	171
District								
Butha-Buthe	72.8	43.8	75.9	54.0	53.6	22.2	19.5	182
Leribe	77.2	42.2	79.8	51.2	61.7	25.7	20.9	393
Berea	68.4	36.3	76.2	41.3	48.5	19.0	14.3	350
Maseru	79.4	48.2	80.3	57.4	59.8	33.8	26.4	741
Mafeteng	64.6	34.7	67.7	42.2	40.8	16.5	10.6	297
Mohale's Hoek	70.6	38.9	69.7	40.8	39.8	19.4	13.2	281
Quthing	69.2	38.7	72.8	48.6	45.6	20.6	19.0	167
Qacha's Nek	40.0	38.0	62.1	34.1	41.9	13.0	11.5	99
Mokhotlong	46.8	32.3	66.0	25.3	27.4	10.2	6.2	130
Thaba-Tseka	44.0	41.8	60.6	32.0	28.7	14.4	7.8	156
Education								
No education	49.4	29.2	54.9	23.6	23.8	8.0	5.0	479
Primary, incomplete	64.3	37.1	72.9	39.9	43.1	15.9	10.8	1,546
Primary, complete	91.0	54.1	88.6	73.9	77.2	44.8	38.1	696
Secondary+	97.0	80.7	89.7	83.2	87.8	65.0	51.1	77
Wealth quintile								
Lowest	46.2	33.6	58.5	26.8	27.9	8.6	5.3	466
Second	61.0	35.9	66.5	32.7	31.9	14.3	9.6	514
Middle	71.5	38.5	76.6	42.1	46.0	19.9	14.7	566
Fourth	74.5	44.1	77.6	56.1	61.0	28.2	22.9	621
Highest	86.1	50.6	86.4	67.9	71.7	38.6	31.0	630
Total men 15-59	69.3	41.2	74.2	46.8	49.5	23.1	17.7	2,797
Total men 15-49	69.3	42.7	75.2	48.7	51.5	24.3	19.1	2,496

¹ Two most common local misconceptions: (1) AIDS can be transmitted by mosquito bites, and 2) a person can become infected by sharing food or utensils with a person who has AIDS

² Respondents with comprehensive knowledge say that use of condom for every sexual intercourse and having just one uninfected and faithful partner can reduce the chance of getting the AIDS virus, say that a healthy-looking person can have the AIDS virus, and reject the two most common misconceptions

11.2.4 Knowledge of Mother-to-Child Transmission

Current strategies on HIV/AIDS in Lesotho are geared towards improving the health of the HIV-infected mother and reducing the transmission to their children during pregnancy, labour, delivery, and post-delivery through breastfeeding, as outlined in the National AIDS Strategic Plan 2000-2004 and the National Prevention of Mother-to-Child Transmission Strategic Plan (Government of Lesotho, 2000). Increasing the level of general knowledge of transmission of the virus from mother to child and of reducing the risk of transmission by use of antiretroviral drugs is critical to achieving this goal.

All women and men interviewed in the 2004 LDHS were asked if the virus that causes AIDS can be transmitted from a mother to a child. If the answer was affirmative, they were further asked whether the virus could be transmitted during pregnancy, delivery, or breastfeeding. They were also asked if a mother who is infected with the AIDS virus can reduce the risk of giving the virus to the baby by taking certain drugs during pregnancy. The results of these questions are shown in Table 11.4.

Almost three-quarters of women (74 percent) and two-thirds of men (67 percent) know that HIV can be transmitted by breastfeeding. Half of women (50 percent) and four in ten men (39 percent) know that the risk of mother-to-child transmission can be reduced by the mother taking certain drugs during pregnancy. Only 42 percent of women and 32 percent of men know that HIV can be transmitted through breastfeeding and that the risk can be reduced with drugs.

The knowledge of transmission through breastfeeding and knowledge of antiretroviral drugs is lowest for the youngest age group for both men and women, as well as for respondents who have never had sex. It is also lower for rural women and men and substantially lower among respondents living in Qacha's Nek, Mokhotlong, and Thaba-Tseka than those living in other districts. Basotho with no education and those who have not completed primary education are less likely to know about the transmission of HIV through breastfeeding and about antiretroviral drugs during pregnancy than those with higher education. The data also show that wealth is positively associated with knowledge of mother-to-child transmission of HIV. This association is stronger among women than men. Pregnant women are no more likely to know about mother-to-child transmission than those who are not pregnant.

Table 11.4 Knowledge of prevention of mother-to-child transmission of HIV.

Percentage of women age 15-49 and men age 15-59 who know that HIV can be transmitted from mother to child by breastfeeding and that risk of mother-to-child transmission (MTCT) of HIV can be reduced by mother taking special drugs during pregnancy, by background characteristics, Lesotho 2004

Background characteristics	Women				Men			
	Percentage who know that:				Percentage who know that:			
	HIV can be transmitted by breast-feeding	Risk of MTCT can be reduced by mother taking special drugs during pregnancy	HIV can be transmitted by breastfeeding and risk of MTCT can be reduced by mother taking special drugs during pregnancy	Number of women	HIV can be transmitted by breast-feeding	Risk of MTCT can be reduced by mother taking special drugs during pregnancy	HIV can be transmitted by breastfeeding and risk of MTCT can be reduced by mother taking special drugs during pregnancy	Number of men
Age								
15-24	69.5	45.1	36.7	3,173	65.4	36.5	30.0	1,250
15-19	67.8	39.9	32.5	1,710	62.5	32.3	26.3	743
20-24	71.5	51.1	41.5	1,463	69.6	42.7	35.6	507
25-29	78.4	55.3	47.2	1,044	65.1	41.2	32.1	374
30-39	76.9	55.5	45.8	1,545	70.4	39.7	32.6	538
40-49	79.8	50.9	44.9	1,334	70.1	43.4	36.3	334
50-59	na	na	na	na	64.3	37.5	30.9	301
Marital status								
Never married	69.5	46.7	37.2	2,373	63.6	37.8	30.2	1,422
Ever had sex	75.1	53.6	43.3	1,197	69.4	44.2	35.5	916
Never had sex	63.8	39.7	30.9	1,175	53.1	26.1	20.6	506
Married/living together	76.5	51.5	43.7	3,709	69.5	39.6	32.7	1,191
Divorced/separated/widowed	77.8	52.0	45.4	1,014	73.1	39.4	36.3	184
Pregnancy status								
Pregnant	73.2	49.9	42.6	429	na	na	na	na
Not pregnant	74.4	50.0	41.7	6,666	na	na	na	na
Residence								
Urban	78.7	64.9	54.0	1,682	65.3	48.1	37.0	603
Rural	73.0	45.3	38.0	5,413	67.2	36.1	30.2	2,194
Ecological zone								
Lowlands	77.5	56.7	46.7	4,299	68.9	44.9	36.3	1,734
Foothills	68.8	47.1	39.0	787	62.5	34.4	27.0	307
Mountains	66.4	32.1	27.9	1,572	60.5	22.2	19.0	585
Senqu River Valley	81.9	52.6	47.7	437	74.0	40.1	36.5	171
District								
Butha-Buthe	73.6	53.4	42.8	458	70.8	38.9	30.9	182
Leribe	73.0	58.0	47.3	1,065	63.1	55.2	40.7	393
Berea	79.7	50.3	44.2	776	70.5	43.5	40.5	350
Maseru	76.6	57.4	48.1	1,868	67.3	42.8	33.8	741
Mafeteng	75.2	46.0	36.9	755	65.8	28.2	23.5	297
Mohale's Hoek	71.6	45.6	37.0	684	68.1	31.4	25.8	281
Quthing	78.5	52.1	48.6	461	73.4	40.4	38.2	167
Qacha's Nek	69.5	34.7	27.0	233	58.3	25.8	21.3	99
Mokhotlong	67.4	26.8	22.9	360	56.9	19.6	14.8	130
Thaba-Tseka	65.8	32.7	27.7	435	66.2	21.8	19.0	156
Education								
No education	62.6	25.4	22.2	145	57.3	21.5	18.5	479
Primary, incomplete	72.8	43.8	37.7	4,207	65.8	33.2	28.1	1,546
Primary, complete	77.4	59.8	48.4	2,651	75.3	58.1	46.3	696
Secondary+	76.8	84.6	65.0	92	68.0	79.2	52.4	77
Wealth quintile								
Lowest	66.1	30.5	26.8	987	57.5	22.2	18.1	466
Second	71.8	38.7	34.0	1,294	66.9	32.4	28.3	514
Middle	74.7	48.9	41.7	1,258	69.8	40.5	33.6	566
Fourth	77.4	54.0	44.5	1,595	69.0	41.0	34.0	621
Highest	77.4	64.5	52.2	1,962	68.5	52.0	40.3	630
Total men 15-59	na	na	na	na	66.8	38.7	31.6	2,797
Total 15-49	74.3	49.9	41.8	7,095	67.1	38.8	31.7	2,496
na = Not applicable								

11.3 STIGMA TOWARDS HIV-INFECTED PEOPLE

Beliefs about HIV/AIDS show the extent of stigma or discrimination towards people with HIV/AIDS. In the 2004 LDHS, questions were posed to respondents to measure their attitudes towards HIV-infected people, their willingness to buy vegetables from an infected vegetable seller, and their willingness to let others know the HIV status of family members and to take care of relatives who have the AIDS virus in their own households. They were also asked whether HIV-positive female and male teachers should be allowed to continue teaching. Tables 11.5.1 and 11.5.2 show the percentage of women and men who have heard about AIDS and who express positive attitudes towards people with HIV, by background characteristics.

The large majority of women and men age 15-49 (87 and 79 percent, respectively) express their willingness to care for a relative sick with the virus that causes AIDS in their own household, while far fewer (48 percent of women and 47 percent of men) say they would be willing to buy fresh vegetables from a vendor who has the AIDS virus. The results further indicate that only 55 percent of women and 48 percent of men believe that a female or male teacher who has the AIDS virus should be allowed to continue teaching in school. Sixty-four percent of women and 66 percent of men say that if a member of their family got infected with the virus that causes AIDS, they would not want it to remain a secret.

The percentage expressing acceptance on all the five measures is quite low at 24 percent among women and 20 percent among men age 15-49. Urban women and men (37 and 27 percent, respectively) are more likely than their rural counterparts (20 and 17 percent, respectively) to express acceptance on all five measures towards people infected with HIV/AIDS. Accepting attitudes towards HIV-infected people among both women and men are more common in Maseru and among men in Leribe, and least common in Mokhotlong and Qacha's Nek districts.

Among both women and men, education and wealth are strongly associated with positive attitudes towards those who are HIV-positive. The proportion of women and men who accept all five measures increases steadily with education and wealth quintile.

Table 11.5.1 Accepting attitudes towards those living with HIV: women

Among women age 15-49 who have heard of HIV/AIDS, percentage expressing specific accepting attitudes towards people with HIV, by background characteristics, Lesotho 2004

Background characteristics	Percentage of women who:					Percentage expressing acceptance on all five measures	Number of women who have heard of HIV/AIDS
	Are willing to care for a family member with the AIDS virus in the respondent's home	Would buy fresh vegetables from shopkeeper who has the AIDS virus	Say that a female teacher with the AIDS virus and is not sick should be allowed to continue teaching	Say that a male teacher with the AIDS virus and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with the AIDS virus		
Age							
15-24	85.4	51.6	55.5	55.4	69.7	28.2	2,928
15-19	84.4	51.5	54.1	53.7	71.6	28.8	1,575
20-24	86.5	51.8	57.3	57.3	67.5	27.6	1,353
25-29	87.1	49.1	59.5	59.3	62.9	23.7	985
30-39	90.5	45.8	57.5	57.0	57.7	21.1	1,465
40-49	88.3	41.3	49.5	49.3	57.3	17.9	1,261
Marital status							
Never married	87.2	55.7	61.4	61.1	69.8	31.7	2,250
Ever had sex	88.9	59.0	65.0	64.7	68.4	32.4	1,158
Never had sex	85.4	52.2	57.5	57.2	71.2	30.9	1,092
Married/living together	87.5	44.2	52.9	52.9	60.3	20.1	3,438
Divorced/separated/widowed	87.0	43.6	50.3	49.7	61.6	19.9	951
Residence							
Urban	89.9	62.8	75.7	75.3	67.3	37.0	1,674
Rural	86.4	43.0	48.6	48.4	62.4	19.6	4,965
Ecological zone							
Lowlands	87.8	52.5	64.1	63.8	66.2	28.5	4,190
Foothills	85.5	40.5	44.2	44.2	66.9	17.9	705
Mountains	84.5	37.6	35.0	34.9	54.7	13.4	1,327
Senqu River Valley	94.1	49.1	51.6	51.3	61.0	22.8	418
District							
Butha-Buthe	90.2	47.5	50.7	50.6	69.2	25.6	448
Leribe	90.5	48.6	56.4	56.3	67.0	24.0	1,029
Berea	89.3	42.6	54.5	53.6	62.4	20.9	747
Maseru	87.9	58.4	68.3	68.1	65.6	32.6	1,797
Mafeteng	79.8	47.1	58.4	58.4	62.4	21.9	695
Mohale's Hoek	83.7	37.9	49.0	48.8	69.9	20.5	612
Quthing	94.0	47.7	50.7	50.5	59.3	22.0	417
Qacha's Nek	86.4	40.1	37.0	37.1	43.6	11.4	211
Mokhotlong	82.2	33.2	30.3	30.6	57.5	13.2	331
Thaba-Tseka	85.8	43.4	40.2	39.5	54.7	15.7	352
Education							
No education	79.4	17.8	26.4	26.4	59.3	5.5	117
Primary, incomplete	85.7	37.9	43.6	43.4	61.6	16.2	3,823
Primary, complete	89.9	62.9	72.7	72.5	67.2	35.7	2,607
Secondary+	89.8	83.6	92.5	91.7	57.3	39.6	92
Wealth quintile							
Lowest	80.4	30.6	28.9	28.8	59.6	11.1	805
Second	85.9	35.5	34.9	34.8	60.0	12.6	1,145
Middle	88.9	45.9	52.6	52.3	63.2	22.2	1,192
Fourth	88.0	47.1	59.4	59.2	63.5	23.5	1,552
Highest	89.5	64.5	77.0	76.7	67.9	37.6	1,946
Total 15-49	87.3	48.0	55.4	55.2	63.7	24.0	6,640

Table 11.5.2 Accepting attitudes towards those living with HIV: men

Among men age 15-59 who have heard of HIV/AIDS, percentage expressing specific accepting attitudes towards people with HIV, by background characteristics, Lesotho 2004

Background characteristics	Percentage of men who:					Percentage expressing acceptance on all five measures	Number of men who have heard of HIV/AIDS
	Are willing to care for a family member with the AIDS virus in the respondent's home	Would buy fresh vegetables from shopkeeper who has the AIDS virus	Say that a female teacher with the AIDS virus and is not sick should be allowed to continue teaching	Say that a male teacher with the AIDS virus and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected the AIDS virus		
Age							
15-24	76.3	44.1	44.9	44.5	69.3	19.6	1,156
15-19	72.9	41.5	42.9	43.6	69.6	18.2	687
20-24	81.4	47.8	47.9	46.0	69.0	21.6	469
25-29	81.2	51.7	54.0	53.9	64.2	22.9	351
30-39	83.1	50.4	49.6	50.4	61.7	20.6	501
40-49	82.1	46.5	46.9	46.9	59.7	18.2	317
50-59	85.3	25.0	33.3	33.5	62.4	10.2	278
Marital status							
Never married	77.4	46.7	47.6	47.3	68.8	20.7	1,309
Ever had sex	79.9	51.5	49.8	49.1	69.6	23.1	865
Never had sex	72.5	37.4	43.3	43.6	67.2	15.9	444
Married/living together	83.4	43.5	45.7	46.0	61.4	18.0	1,124
Divorced/separated/widowed	77.3	35.4	37.0	37.0	63.8	13.4	171
Residence							
Urban	84.7	64.3	72.3	72.4	51.4	27.3	600
Rural	78.6	38.7	38.2	38.1	69.4	16.6	2,003
Ecological zone							
Lowlands	80.3	49.8	53.9	53.9	66.3	22.2	1,669
Foothills	83.1	38.8	36.0	35.7	67.1	16.1	275
Mountains	75.1	31.2	27.9	28.1	59.9	10.9	495
Senqu River Valley	86.0	41.2	37.5	37.9	68.1	16.7	164
District							
Butha-Buthe	85.8	39.4	43.3	43.4	73.8	20.2	178
Leribe	84.1	49.8	50.6	50.6	70.0	24.6	374
Berea	83.3	42.6	43.9	43.5	70.9	17.2	324
Maseru	79.1	56.7	59.7	59.7	56.8	22.6	709
Mafeteng	69.7	37.0	42.4	43.4	73.8	17.5	268
Mohale's Hoek	79.8	33.0	35.5	34.7	71.9	14.4	263
Quthing	84.9	42.5	39.3	39.3	63.1	17.2	157
Qacha's Nek	71.8	37.1	33.8	34.0	51.0	12.1	87
Mokhotlong	75.9	30.7	26.1	25.4	61.5	8.9	121
Thaba-Tseka	81.6	34.6	30.2	31.1	55.8	14.8	122
Education							
No education	72.2	21.8	22.3	22.4	65.4	5.1	394
Primary, incomplete	78.2	36.1	35.3	35.1	66.7	13.6	1,438
Primary, complete	86.7	70.9	76.9	77.2	63.3	35.2	694
Secondary+	91.8	82.4	89.9	89.9	56.9	45.9	77
Wealth quintile							
Lowest	75.0	23.9	23.1	22.9	64.0	6.3	389
Second	75.3	31.8	32.2	32.0	70.0	10.7	461
Middle	82.2	42.8	41.4	42.0	71.6	19.2	534
Fourth	82.4	50.6	52.3	52.0	63.8	23.2	599
Highest	82.3	62.9	68.7	68.8	58.5	29.0	620
Total men 15-59	80.0	44.6	46.0	46.0	65.3	19.0	2,603
Total men 15-49	79.3	46.9	47.6	47.5	65.6	20.1	2,325

11.4 ATTITUDES TOWARDS NEGOTIATING SAFER SEX

Knowledge about HIV transmission and ways to prevent it are useless if people feel powerless to negotiate safer sex practices with their partners. To gauge attitudes towards safer sex, respondents in the 2004 LHDS were asked if they think a woman is justified in refusing to have sex with her husband if she knows he has an STI. They were also asked if they think that a woman in the same circumstances is justified in asking her husband to use a condom. The results of these questions are shown in Table 11.6.

Eighty-two percent of women and 71 percent men age 15 to 49 feel that a woman is justified in refusing to have sex with her husband if she knows he has an STI, while 91 percent of women and 82 percent of men believe that a woman is justified in asking her husband to use a condom if he has an STI. A great majority of respondents—95 percent of women and 92 percent of men—agree with one or both statements.

There are differences in these attitudes by background characteristics. Respondents from urban areas are more agreeable to both statements than those living in rural areas. For women, the proportion who believe that a wife is justified in either refusing sexual relations with her husband or in asking that they use a condom if he has an STI ranges from 85 percent in Qacha's Nek and Mokhotlong to 98 percent in Maseru and Berea, while for men it ranges from 73 percent in Qacha's Nek to 94 percent in Maseru, Quthing, Mohale's Hoek, and Berea. As expected, the proportion of respondents who agree with either statement increases with educational attainment and wealth index.

Table 11.6 Attitudes towards negotiating safer sex

Percentage of women age 15-49 and men age 15-59 who believe that, if a husband has a sexually transmitted infection, his wife is justified in either refusing to have sexual relations with him or asking that they use a condom, by background characteristics, Lesotho 2004

Background characteristics	Women				Men			
	Woman is justified in:				Woman is justified in:			
	Refusing to have sexual relations	Asking that they use a condom	Either refusing sexual relations or asking to use a condom	Number of women	Refusing to have sexual relations	Asking that they use a condom	Either refusing sexual relations or asking to use a condom	Number of men
Age								
15-24	78.8	87.7	92.5	3,173	67.6	79.4	89.0	1,250
15-19	75.6	83.3	89.5	1,710	65.5	76.4	87.7	743
20-24	82.5	92.9	96.1	1,463	70.6	83.9	90.8	507
25-29	84.1	94.9	97.8	1,044	74.7	83.7	94.6	374
30-39	86.0	93.6	97.4	1,545	71.9	86.9	93.9	538
40-49	82.6	91.0	96.1	1,334	76.8	80.2	93.7	334
50-59	na	na	na	na	77.5	67.7	88.1	301
Marital status								
Never married	80.2	87.4	92.1	2,373	68.2	80.1	89.7	1,422
Ever had sex	87.3	94.7	97.8	1,197	74.4	85.1	93.7	916
Never had sex	72.8	79.9	86.2	1,175	56.9	71.1	82.6	506
Married/living together	82.1	92.3	96.5	3,709	75.4	81.2	93.1	1,191
Divorced/separated/widowed	85.0	92.6	96.7	1,014	73.1	76.1	89.1	184
Residence								
Urban	88.2	96.2	98.3	1,682	73.6	87.1	93.6	603
Rural	79.9	89.0	94.0	5,413	71.0	78.4	90.5	2,194
Ecological zone								
Lowlands	85.7	93.4	97.6	4,299	71.4	83.3	92.9	1,734
Foothills	81.6	90.4	95.3	787	67.3	80.4	91.0	307
Mountains	70.0	82.9	88.0	1,572	70.3	69.1	84.8	585
Senqu River Valley	87.3	92.1	95.3	437	85.0	87.2	95.3	171
District								
Butha-Buthe	82.2	88.3	95.5	458	68.1	78.9	89.2	182
Leribe	81.9	90.6	94.9	1,065	70.8	85.4	91.7	393
Berea	84.5	90.4	97.5	776	74.4	80.0	93.5	350
Maseru	85.6	95.2	97.5	1,868	72.3	83.0	94.0	741
Mafeteng	83.8	92.0	96.5	755	56.2	81.2	89.0	297
Mohale's Hoek	83.9	92.0	95.8	684	80.2	85.3	93.5	281
Quthing	84.3	89.8	92.8	461	88.2	82.4	93.7	167
Qacha's Nek	60.7	80.1	84.5	233	57.4	55.0	73.1	99
Mokhotlong	68.9	77.4	84.7	360	72.6	64.3	82.8	130
Thaba-Tseka	73.7	87.5	92.8	435	71.6	73.2	88.4	156
Education								
No education	64.6	74.4	83.2	145	68.4	66.3	85.8	479
Primary, incomplete	78.7	87.9	93.4	4,207	70.7	79.5	90.5	1,546
Primary, complete	87.4	95.8	98.3	2,651	74.4	89.9	95.3	696
Secondary+	93.1	97.5	97.5	92	82.3	95.5	100.0	77
Wealth quintile								
Lowest	71.8	80.5	87.3	987	71.6	70.0	86.4	466
Second	78.6	86.7	93.1	1,294	69.0	74.0	88.0	514
Middle	80.2	90.6	95.2	1,258	72.3	80.8	91.4	566
Fourth	84.8	93.9	97.3	1,595	71.6	86.5	94.1	621
Highest	87.8	95.8	98.3	1,962	72.9	86.4	94.1	630
Total men 15-59	na	na	na	na	71.6	80.3	91.1	2,797
Total 15-49	81.9	90.7	95.0	7,095	70.8	81.8	91.5	2,496

na = Not applicable

11.5 ADULT SUPPORT FOR EDUCATION ABOUT CONDOM USE

In the 2004 LDHS, respondents were asked whether they think that children age 12-14 should be taught about using condoms to avoid AIDS. The data on adults (age 18-49) are shown in Table 11.7. The data show that roughly 62 percent of women and 54 percent of men agree that children age 12-14 should be taught about using a condom to avoid AIDS. While there are no significant age variations, respondents below the age of 30 appear to be more supportive of condom education of children age 12-14.

Table 11.7 Adult support for education about condom use to prevent AIDS				
Percentage of women and men 18-49 who agree that children 12-14 years should be taught about using a condom to avoid AIDS, by background characteristics, Lesotho 2004				
Background characteristics	Percentage of women	Number of women	Percentage of men	Number of men
Age				
18-19	66.2	705	55.3	274
20-24	66.2	1,463	55.3	507
25-29	68.1	1,044	62.5	374
30-39	60.4	1,545	51.8	538
40-49	52.2	1,334	46.6	334
Marital status				
Never married	69.4	1,444	54.7	944
Ever had sex	72.1	1,001	56.4	749
Never had sex	63.2	442	48.1	195
Married/living together	59.5	3,637	54.2	952
Divorced/separated/ widowed	60.2	1,010	51.9	132
Residence				
Urban	64.6	1,490	62.8	477
Rural	61.1	4,600	51.7	1,550
Ecological zone				
Lowlands	64.6	3,719	58.6	1,262
Foothills	60.6	673	47.7	223
Mountains	51.8	1,338	43.1	426
Senqu River Valley	74.8	360	60.3	116
District				
Butha-Buthe	69.6	387	57.4	127
Leribe	67.1	922	65.8	265
Berea	65.6	667	59.7	263
Maseru	57.5	1,647	51.2	581
Mafeteng	63.8	639	53.1	200
Mohale's Hoek	66.2	566	55.2	198
Quthing	68.3	385	59.0	112
Qacha's Nek	58.7	200	52.4	70
Mokhotlong	46.8	309	37.3	97
Thaba-Tseka	52.9	369	38.2	114
Education				
No education	46.7	144	39.4	357
Primary, incomplete	58.2	3,557	51.0	1,037
Primary, complete	68.4	2,296	68.1	562
Secondary+	70.5	92	66.9	72
Wealth quintile				
Lowest	50.9	843	39.5	349
Second	58.4	1,092	50.7	365
Middle	64.5	1,054	57.3	394
Fourth	65.7	1,378	60.2	455
Highest	65.0	1,722	59.9	464
Total	62.0	6,090	54.3	2,027

Respondents living in urban areas (65 percent of women and 63 percent of men) are more likely to agree with teaching children about condom use to avoid HIV/AIDS than those living in rural areas (61 percent of women and 52 percent of men). Looking at districts, the proportion of women who agree that children age 12-14 be taught about condoms is highest in Butha-Buthe (70 percent) and lowest in Mokhotlong (47 percent), while among men is highest in Leribe (66 percent) and lowest in Mokhotlong (37 percent).

The proportion of both men and women who agree that children age 12-14 should be taught about condoms as a way to prevent AIDS increases significantly with education. For example, for women it ranges from 47 percent of those with no education to 71 percent among those with secondary or higher education. Wealth index is also positively associated with this indicator for both sexes. The proportion of men age 18-49 who agree that children age 12-14 should be taught about condom use increases from 40 percent among those in the lowest wealth quintile to 60 percent among men in the highest quintile.

11.6 MULTIPLE SEXUAL PARTNERSHIPS

Given that the most important mechanism of HIV transmission is sexual intercourse, information on sexual behaviour is important in designing and monitoring intervention programmes to control the spread of the epidemic. In the context of HIV/AIDS/STI prevention, limiting the number sexual partners and having protected sex are crucial to the fight against the epidemic. The 2004 LDHS included questions on the respondent's lifetime sexual partners and the ones a respondent had in the 12 months preceding the survey. Male respondents were also asked whether they had paid for sex in the past 12 months. Information on use of condoms at last sexual encounter with each of these partner types was collected as well.

Tables 11.8.1 and 11.8.2 show the proportion of women age 15-49 and men age 15-59 who had sexual intercourse with two or more partners in the preceding 12 months and the proportion who had higher-risk sexual intercourse (with someone other than a spouse or a cohabiting partner) by background characteristics. Respondents who engaged in higher-risk sex in the past 12 months were also asked whether they used a condom at the last such encounter. the mean number of lifetime sexual partners is calculated for both men and women.

The data show that among those who had sex in the previous 12 months, 11 percent of women age 15-49 and 29 percent of men age 15-59 report having had two or more sexual partners in the 12 months preceding the survey. A larger proportion—36 percent of women and 60 percent of men—report having had higher-risk sexual intercourse in the past 12 months (i.e., sexual intercourse with someone other than their spouse or cohabiting partner). Among respondents who had higher-risk sex in the past 12 months, less than half (42 percent of women and 46 percent of men) report having used a condom at their last encounter.

Table 11.8.1 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: women

Among women age 15-49 who had sexual intercourse in the past 12 months, the percentage who had intercourse with more than one partner and the percentage who had higher-risk sexual intercourse¹ in the past 12 months, and among those having higher-risk intercourse in the past 12 months, the percentage reporting that a condom was used at last higher-risk intercourse, and the mean number of sexual partners during her lifetime for women who ever had sexual intercourse, by background characteristics, Lesotho 2004

Background characteristics	Women who had sexual intercourse in the past 12 months			Women who had higher-risk intercourse ¹ in the past 12 months		Women who ever had sexual intercourse	
	Percentage who had 2+ partners in the past 12 months	Percentage who had higher-risk intercourse ¹ in the past 12 months	Number of women	Percentage who reported using a condom at last higher-risk intercourse ¹	Number of women	Mean number of sexual partners in lifetime	Number of women
Age							
15-24	8.8	41.9	1,621	53.0	680	1.0	2,032
15-19	8.5	53.8	571	50.8	307	1.0	734
20-24	9.0	35.5	1,049	54.9	372	1.1	1,298
25-29	11.3	33.2	910	50.6	302	1.2	1,019
30-39	12.6	31.7	1,332	34.6	422	1.2	1,538
40-49	12.3	33.0	1,069	21.8	353	1.1	1,328
Marital status							
Never married	11.6	96.6	804	57.5	777	1.0	1,197
Married/living together	10.2	12.3	3,464	34.4	426	1.2	3,707
Divorced/separated/widowed	14.8	83.6	663	25.9	554	1.1	1,013
Residence							
Urban	9.9	43.9	1,172	64.0	514	1.2	1,397
Rural	11.4	33.1	3,759	32.8	1,243	1.1	4,520
Ecological zone							
Lowlands	9.7	35.8	2,973	50.0	1,065	1.1	3,577
Foothills	10.4	27.9	540	29.6	151	1.1	644
Mountains	14.9	35.3	1,103	26.2	390	1.2	1,320
Senqu River Valley	11.5	47.9	315	37.5	151	1.2	376
District							
Butha-Buthe	9.3	29.6	304	43.1	90	1.1	361
Leribe	11.1	30.5	742	41.8	226	1.2	876
Berea	9.8	26.6	518	36.4	138	1.1	628
Maseru	10.3	41.1	1,337	55.9	550	1.1	1,576
Mafeteng	10.3	31.9	531	40.7	169	1.1	641
Mohale's Hoek	10.4	36.5	468	31.3	171	1.1	577
Quthing	11.4	46.8	333	36.4	156	1.2	401
Qacha's Nek	15.3	45.9	170	34.1	78	1.1	203
Mokhotlong	15.0	37.0	238	19.7	88	1.2	293
Thaba-Tseka	14.8	31.1	291	24.8	90	1.2	361
Education							
No education	17.1	41.1	119	9.3	49	1.3	141
Primary, incomplete	11.6	34.0	2,960	31.0	1,007	1.1	3,569
Primary, complete	9.7	37.6	1,774	59.5	667	1.1	2,121
Secondary+	12.6	44.2	78	68.6	34	1.4	87
Wealth quintile							
Lowest	14.1	34.3	683	20.2	234	1.2	851
Second	13.5	36.3	907	21.0	329	1.1	1,109
Middle	9.7	33.8	853	36.1	288	1.1	1,026
Fourth	9.8	33.4	1,127	47.4	377	1.1	1,323
Highest	9.8	38.9	1,362	63.9	529	1.1	1,608
Total	11.0	35.6	4,932	41.9	1,757	1.1	5,917

¹ Sexual intercourse with a partner who neither was a spouse nor who lived with the respondent

Table 11.8.2 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: men

Among men age 15-59 who had sexual intercourse in the past 12 months, the percentage who had intercourse with more than one partner and the percentage who had higher-risk sexual intercourse¹ in the past 12 months, and among those having higher-risk intercourse in the past 12 months, the percentage reporting that a condom was used at last higher-risk intercourse, and the mean number of sexual partners during his lifetime for men who ever had sexual intercourse, by background characteristics, Lesotho 2004

Background characteristics	Men who had sexual intercourse in the past 12 months			Men who had higher-risk intercourse ¹ in the past 12 months		Men who ever had sexual intercourse	
	Percentage who had 2+ partners in the past 12 months	Percentage who had higher-risk intercourse ¹ in the past 12 months	Number of men	Percentage who reported using a condom at last higher-risk intercourse ¹	Number of men	Mean number of sexual partners in lifetime	Number of men
Age							
15-24	35.5	89.3	643	52.8	574	4.4	775
15-19	31.3	97.1	278	51.2	270	3.4	339
20-24	38.8	83.4	365	54.2	304	5.2	436
25-29	32.3	56.0	321	56.7	180	5.8	360
30-39	29.1	47.6	479	44.9	228	8.4	523
40-49	19.0	38.8	292	22.1	114	9.0	332
50-59	16.6	36.4	260	8.9	95	7.7	300
Marital status							
Never married	37.5	97.9	739	54.1	724	5.2	916
Married/living together	23.2	30.3	1,123	34.4	340	7.5	1,191
Divorced/separated/widowed	24.8	94.9	133	26.0	127	8.7	184
Residence							
Urban	35.6	58.5	472	70.1	276	10.1	514
Rural	26.4	60.0	1,524	38.0	914	5.6	1,777
Ecological zone							
Lowlands	28.2	58.9	1,212	52.9	714	7.0	1,401
Foothills	24.5	59.8	218	33.7	130	6.4	250
Mountains	29.3	57.6	425	29.5	245	5.6	486
Senqu River Valley	35.8	72.0	141	46.5	102	7.7	154
District							
Butha-Buthe	19.1	58.1	128	48.9	74	5.5	149
Leribe	30.4	57.1	276	48.4	157	6.2	317
Berea	23.5	50.7	225	41.6	114	6.3	277
Maseru	32.9	60.9	560	57.0	341	8.1	626
Mafeteng	22.7	65.3	183	33.6	120	6.1	215
Mohale's Hoek	30.7	63.3	215	37.8	136	5.6	240
Quthing	30.8	69.9	141	41.2	99	8.2	152
Qacha's Nek	24.0	67.3	78	53.7	53	3.6	86
Mokhotlong	29.2	47.7	92	31.1	44	4.7	105
Thaba-Tseka	29.3	53.6	96	23.3	52	7.4	123
Education							
No education	23.7	46.8	379	16.0	177	7.0	439
Primary, incomplete	29.4	61.4	1,060	38.5	650	6.1	1,212
Primary, complete	30.6	66.6	487	71.2	325	6.4	567
Secondary+	29.1	54.2	70	81.8	38	15.5	73
Wealth quintile							
Lowest	29.2	57.2	329	18.2	188	6.3	399
Second	26.7	61.1	381	32.2	233	5.8	436
Middle	28.3	62.7	393	42.8	246	5.8	451
Fourth	28.2	59.1	415	54.3	245	6.2	489
Highest	30.2	58.1	478	69.7	278	8.8	516
Total men 15-59	28.6	59.6	1,996	45.5	1,190	6.6	2,291
Total men 15-49	30.4	63.1	1,736	48.6	1,096	6.5	1,991

¹ Sexual intercourse with a partner who neither was a spouse nor who lived with the respondent

By definition, the majority of sexually active women and men who have never married engage in higher-risk sex—97 percent of women and 98 percent of men—compared with only 12 percent of currently married women and 30 percent of currently married men. Condom use during higher-risk sex is more pronounced among women and men who have never married (58 percent for women and 54 percent for men) than those currently married (34 percent for women and men) or divorced, widowed, or separated (26 percent for women and men). Sexual behaviours differ by residence. Urban women are slightly less likely than rural women to have had two or more partners in the preceding year (10 and 11 percent, respectively). However, urban women are significantly more likely to report having had a higher-risk sexual intercourse in the past 12 months than rural women (44 and 33 percent, respectively) or to have used a condom the last time they had such encounter (64 percent among urban women and 33 percent among rural women). The pattern is somewhat different for men. Urban men are more likely than their rural counterparts to have had two or more partners in the past 12 months (36 and 26 percent, respectively) but slightly less likely to report a higher-risk sexual intercourse during the same period (59 and 60 percent, respectively). Similarly to women, urban men are much more likely to have used a condom the last time they had higher-risk sex than rural men (70 and 38 percent, respectively).

For both men and women, the association of education and wealth index with the number of partners and occurrence of higher-risk sexual encounters is not uniform. On the other hand, these two background characteristics are strongly associated with use of condoms in the last high-risk sexual encounter. The more educated and well-off respondents are much more likely to report condom use at their last higher-risk sexual intercourse than those who are less educated or worse-off. Only 9 percent of women and 16 percent of men with no education have used a condom at such encounter compared with 69 percent of women and 82 percent of men with secondary or higher education. For women, condom use at last higher-risk sexual encounter ranges from 20 percent in the lowest wealth index quintile to 64 percent among women in the highest, while for men it ranges from 18 percent among men in the lowest wealth index quintile to 70 percent among those in the highest.

Mean number of lifetime sexual partners is 1.1 for women and 6.6 for men. For men, the mean number of lifetime sexual partners increases steadily with age. Urban men have almost twice as many lifetime sexual partners as rural men (10.1 and 5.6 partners, respectively).

11.7 PAID SEX AND CONDOM USE

A special category of higher-risk sex is sex for which compensation is paid. In the 2004 LDHS, men were asked if they had ever paid for sex and, if so, when the most recent encounter took place and if they used condoms at that most recent sex. Women were asked if they had been given or had received money, gifts, or favours in return for sex in the 12 months preceding the survey.

Results shown in Table 11.9 indicate that less than 2 percent of men age 15-59 have paid for sexual intercourse in the 12 months before the survey. Fifty-eight percent of men who paid for sexual intercourse in the past year used condoms at the most recent paid sex (data not shown because of the small number of cases).

There are no significant variations by age in the percentage of men having paid sex in the 12 months preceding the survey. The proportion of men having paid for sex in the past year is higher among urban men (3 percent) than rural men (1 percent). Education and wealth index are not clearly associated with the proportion of men who paid for sex in the past 12 months.

Table 11.9 Payment for sexual intercourse: men

Percentage of men age 15-59 who reported payment for sexual intercourse in the past 12 months, by background characteristics, Lesotho 2004

Background characteristics	Percentage who paid for sexual intercourse in the past 12 months ¹	Number of men
Age		
15-24	1.0	1,250
15-19	0.4	743
20-24	1.9	507
25-29	1.8	374
30-39	3.0	538
40-49	1.7	334
50-59	0.8	301
Marital status		
Never married	1.4	1,419
Married or living together	1.7	1,194
Divorced/separated/widowed	2.3	184
Residence		
Urban	3.4	603
Rural	1.1	2,194
Ecological zone		
Lowlands	1.9	1,734
Foothills	1.3	307
Mountains	1.3	585
Senqu River Valley	0.0	171
District		
Butha-Buthe	0.3	182
Leribe	0.5	393
Berea	1.9	350
Maseru	2.8	741
Mafeteng	2.0	297
Mohale's Hoek	0.6	281
Quthing	0.0	167
Qacha's Nek	1.0	99
Mokhotlong	1.8	130
Thaba-Tseka	2.1	156
Education		
No education	1.7	479
Primary, incomplete	1.3	1,546
Primary, complete	2.2	696
Secondary+	0.0	77
Wealth quintile		
Lowest	2.4	466
Second	0.7	514
Middle	1.3	566
Fourth	1.2	621
Highest	2.2	630
Total men 15-59	1.6	2,797
Total men 15-49	1.7	2,496

¹ Includes men who reported having a prostitute as one of their last three sexual partners in the past 12 months

11.8 TESTING FOR HIV AND KNOWLEDGE OF SOURCE OF TEST

Voluntary counselling and testing (VCT) is now acknowledged as an effective strategy for HIV prevention. HIV testing through VCT or in clinical settings is essential for access to AIDS care. Knowledge of HIV status helps HIV-negative individuals make specific decisions to reduce risk and increase safer sex practices so they can remain disease-free. For those who are HIV-infected, knowledge of their status allows them to better protect their sexual partners, to access treatment for HIV disease, and to plan for their future.

The 2004 LDHS respondents were asked whether they have ever been tested for the AIDS virus. Those who had been tested were asked when they were last tested, whether they had asked for the test themselves or were required to take it, and whether they received their results. Those who had not been tested were asked if they would like to be tested or not.

Tables 11.10.1 and 11.10.2 show that 15 percent of women and 11 percent of men age 15-49 have been tested for HIV. Since the 2000 EMICS, the proportion of women tested for HIV has increased from 12 percent in 2000 to the current proportion of 15 percent, while for men it has decreased from 17 percent to the current proportion of 11 percent (BOS, 2000). Twelve percent of all women in the 2004 LDHS received their HIV test results, representing 83 percent of women who have ever been tested. Among men, 9 percent of all men age 15-49 have received the test results, representing 87 percent of men who have ever been tested. Furthermore, 6 percent of women and 5 percent of men received the HIV test results in the past 12 months. Across all age groups, women are more likely than men to have ever been tested for HIV and to have received the test results. The largest proportion of those who have ever been tested is concentrated between age 25 and 39. For both men and women, those living in urban areas and in the Lowlands are more likely than other sub-groups to have ever been tested for HIV and to have received the test results, and to have received results in the past 12 months. The proportion of respondents who have been tested and have received the test results increases steadily with education level and wealth quintile.

A significant proportion of respondents—almost half of women and men (49 percent each) have never been tested for HIV and would like to be tested. This indicates an unmet need for HIV testing in Lesotho. The proportion of respondents never tested for HIV who would like to be tested is higher among rural residents than among their urban counterparts.

Table 11.10.1 Coverage of prior HIV testing: women

Percent distribution of women by whether tested for HIV and by whether received the results of the test, and the percentage of women who received their test results the last time they were tested for HIV in the past 12 months, according to background characteristics, Lesotho 2004

Background characteristics	Percentage ever tested who:		Percentage never tested who:			Total	Percentage tested and who received results in past 12 months	Number of women
	Received test results	Did not receive test results	Would like to be tested	Would not like to be tested/unsure/do not know	Never heard of AIDS			
Age								
15-24	8.6	2.4	52.1	29.2	7.7	100.0	4.9	3,173
15-19	4.3	1.4	58.0	28.4	7.9	100.0	2.6	1,710
20-24	13.6	3.7	45.1	30.1	7.5	100.0	7.7	1,463
25-29	17.2	3.3	42.3	31.6	5.6	100.0	9.3	1,044
30-39	16.0	2.4	47.3	29.2	5.1	100.0	7.6	1,545
40-49	11.3	2.4	50.0	30.8	5.5	100.0	5.9	1,334
Marital status								
Never married	7.8	1.1	54.1	31.9	5.2	100.0	4.3	2,373
Ever had sex	12.4	2.2	47.7	34.5	3.3	100.0	6.8	1,197
Never had sex	3.1	0.1	60.6	29.2	7.1	100.0	1.7	1,175
Married/living together	13.6	3.3	46.3	29.5	7.3	100.0	7.3	3,709
Divorced/separated/widowed	16.1	2.8	48.5	26.5	6.2	100.0	7.7	1,014
Residence								
Urban	16.6	1.7	43.4	37.9	0.5	100.0	8.6	1,682
Rural	10.6	2.8	51.0	27.3	8.3	100.0	5.6	5,413
Ecological zone								
Lowlands	13.9	1.6	47.7	34.3	2.5	100.0	7.1	4,299
Foothills	11.1	3.6	50.1	24.7	10.5	100.0	6.2	787
Mountains	7.8	4.0	50.5	22.0	15.6	100.0	4.4	1,572
Senqu River Valley	10.6	4.1	57.2	23.9	4.2	100.0	5.5	437
District								
Butha-Buthe	14.8	2.8	53.1	27.2	2.1	100.0	7.8	458
Leribe	12.5	3.0	52.4	28.8	3.4	100.0	5.5	1,065
Berea	13.5	1.8	49.6	31.2	3.8	100.0	8.4	776
Maseru	14.2	1.7	44.1	36.2	3.8	100.0	7.3	1,868
Mafeteng	11.8	1.8	46.0	32.5	7.8	100.0	7.2	755
Mohale's Hoek	9.8	1.6	52.8	25.3	10.5	100.0	4.2	684
Quthing	8.8	5.8	54.1	21.9	9.5	100.0	4.6	461
Qacha's Nek	10.5	3.4	52.0	24.5	9.6	100.0	5.9	233
Mokhotlong	6.4	3.5	55.3	26.8	8.1	100.0	4.6	360
Thaba-Tseka	8.4	4.0	46.5	22.0	19.1	100.0	4.4	435
Education								
No education	4.7	3.7	48.5	23.2	19.9	100.0	2.3	145
Primary, incomplete	10.1	2.7	51.3	26.8	9.1	100.0	5.2	4,207
Primary, complete	14.8	2.3	46.5	34.8	1.6	100.0	7.8	2,651
Secondary+	28.9	1.1	32.7	37.3	0.0	100.0	22.6	92
Wealth quintile								
Lowest	6.6	3.3	50.1	21.6	18.5	100.0	3.9	987
Second	9.8	3.7	55.8	19.1	11.5	100.0	4.8	1,294
Middle	11.7	2.0	51.5	29.5	5.3	100.0	6.2	1,258
Fourth	13.0	1.8	46.2	36.3	2.7	100.0	7.2	1,595
Highest	15.5	2.3	45.3	36.1	0.8	100.0	8.0	1,962
Total	12.0	2.5	49.2	29.9	6.4	100.0	6.3	7,095

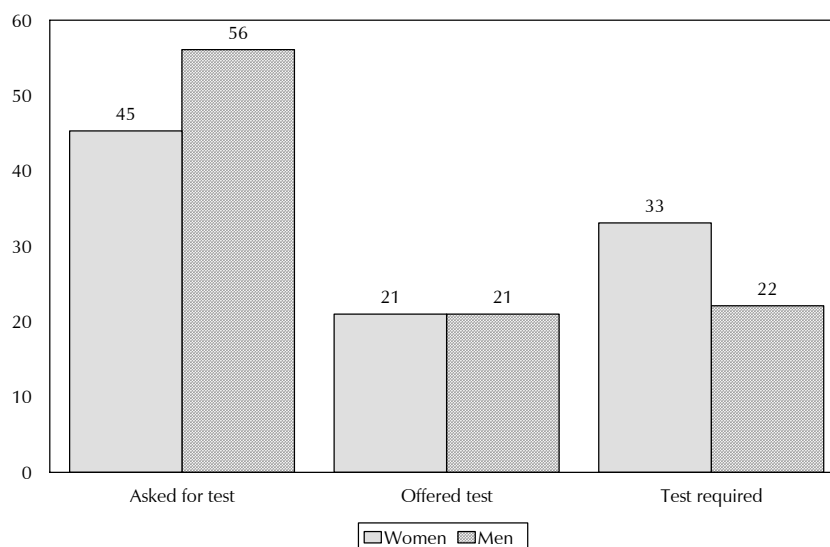
Table 11.10.2 Coverage of prior HIV testing: men

Percent distribution of men age 15-59 by whether tested for HIV and by whether received the results of the test, and the percentage of men who received their test results the last time they were tested for HIV in the past 12 months, according to background characteristics, Lesotho 2004

Background characteristics	Percentage ever tested who:		Percentage never tested who:			Total	Percentage tested and who received results in past 12 months	Number of men
	Received test results	Did not receive test results	Would like to be tested	Would not like to be tested/ unsure/ do not know	Never heard of AIDS			
Age								
15-24	3.4	0.7	54.5	33.9	7.5	100.0	2.2	1,250
15-19	1.3	0.6	56.0	34.5	7.5	100.0	1.1	743
20-24	6.4	0.9	52.2	33.1	7.5	100.0	3.8	507
25-29	13.3	2.9	45.9	31.6	6.2	100.0	7.5	374
30-39	16.2	1.4	44.0	31.6	6.7	100.0	7.7	538
40-49	14.1	2.4	41.1	37.3	5.1	100.0	6.9	334
50-59	6.5	4.8	45.2	35.9	7.6	100.0	3.5	301
Marital status								
Never married	4.6	1.1	51.3	35.0	8.0	100.0	3.2	1,422
Ever had sex	6.4	1.3	52.9	33.7	5.6	100.0	4.3	916
Never had sex	1.2	0.7	48.5	37.3	12.3	100.0	1.2	506
Married/living together	14.2	2.7	44.9	32.7	5.6	100.0	6.6	1,191
Divorced/separated/ widowed	6.3	1.6	53.7	31.3	7.1	100.0	3.9	184
Residence								
Urban	13.2	1.5	42.2	42.6	0.5	100.0	6.7	603
Rural	7.6	1.9	50.5	31.3	8.7	100.0	4.1	2,194
Ecological zone								
Lowlands	10.3	1.6	46.8	37.5	3.7	100.0	5.4	1,734
Foothills	6.6	2.0	51.2	29.8	10.4	100.0	4.0	307
Mountains	5.7	2.2	48.7	28.0	15.4	100.0	3.2	585
Senqu River Valley	7.5	1.8	64.1	22.5	4.1	100.0	3.9	171
District								
Butha-Buthe	7.9	2.1	59.7	28.0	2.3	100.0	5.0	182
Leribe	12.8	3.0	48.7	30.7	4.8	100.0	5.4	393
Berea	9.5	0.9	48.2	33.7	7.6	100.0	6.3	350
Maseru	10.5	1.6	41.8	41.9	4.3	100.0	5.7	741
Mafeteng	5.0	1.7	43.6	40.0	9.7	100.0	3.0	297
Mohale's Hoek	7.0	2.2	55.4	29.0	6.5	100.0	1.9	281
Quthing	7.4	1.4	64.3	21.4	5.5	100.0	4.1	167
Qacha's Nek	9.8	1.1	48.4	27.9	12.8	100.0	5.1	99
Mokhotlong	5.5	3.2	51.4	33.0	7.0	100.0	2.7	130
Thaba-Tseka	4.0	0.8	49.4	24.0	21.8	100.0	3.8	156
Education								
No education	5.8	2.5	42.7	31.4	17.6	100.0	2.6	479
Primary, incomplete	6.7	1.7	52.3	32.2	7.0	100.0	3.6	1,546
Primary, complete	12.9	1.5	47.9	37.5	0.2	100.0	7.2	696
Secondary+	31.1	1.8	21.8	45.3	0.0	100.0	16.0	77
Wealth quintile								
Lowest	4.4	1.8	47.3	29.9	16.5	100.0	3.1	466
Second	6.3	0.9	54.9	27.5	10.3	100.0	3.6	514
Middle	8.1	2.1	50.7	33.5	5.6	100.0	3.8	566
Fourth	12.0	1.7	50.2	32.6	3.5	100.0	5.8	621
Highest	11.5	2.3	41.5	43.1	1.7	100.0	6.4	630
Total men 15-59	8.8	1.8	48.7	33.8	6.9	100.0	4.7	2,797
Total men 15-49	9.1	1.4	49.2	33.5	6.8	100.0	4.8	2,496

Figure 11.1 shows that among respondents who were tested for HIV, 45 percent of women and 56 percent of men age 15-49 asked for the test themselves, 21 percent of both women and men were offered the HIV test, and 33 percent of women and 22 percent of men were required to have it.

Figure 11.1 Reasons for HIV Testing among Women and Men Age 15-49 Who Have Ever Been Tested



LDHS 2004

Respondents who had never been tested for HIV were asked whether they knew of a place to get an HIV test. Results are shown in Tables 11.11.1 and 11.11.2. The majority of respondents—51 percent of women and 38 percent of men age 15-49—mentioned a public health facility for HIV testing, while 11 percent of women and 7 percent of men mentioned CHAL. Thirty-six percent of women and 54 percent of men reported not knowing a place to get an HIV test, the proportion being higher in rural areas than in urban areas.

Table 11.11.1 Knowledge of and source for HIV testing: women

Percentage of women never tested for HIV and among those, percent distribution by main place known to get an AIDS test, by background characteristics, Lesotho 2004

Background characteristics	Per-centage never tested	Number of women	Place mentioned for HIV testing:							Number of women who have never been tested
			Public	Private	CHAL	Other	Missing	Don't know a place	Total	
Age										
15-24	81.2	3,173	45.3	0.8	9.4	0.4	0.1	43.9	100.0	2,577
15-19	86.4	1,710	40.8	0.7	8.9	0.4	0.1	49.1	100.0	1,478
20-24	75.1	1,463	51.5	1.1	10.1	0.3	0.1	36.9	100.0	1,099
25-29	73.9	1,044	58.4	2.2	9.1	0.8	0.0	29.5	100.0	771
30-39	76.4	1,545	60.2	1.7	11.7	0.1	0.4	26.0	100.0	1,181
40-49	80.8	1,334	51.1	1.7	13.2	0.7	0.0	33.5	100.0	1,078
Marital status										
Never married	85.9	2,373	47.8	1.1	7.9	0.4	0.1	42.7	100.0	2,039
Ever had sex	82.2	1,197	57.1	1.7	7.7	0.2	0.0	33.3	100.0	984
Never had sex	89.7	1,175	39.2	0.6	8.0	0.6	0.1	51.5	100.0	1,055
Married/living together	75.7	3,709	53.4	1.6	12.4	0.4	0.2	31.9	100.0	2,809
Divorced/separated/ widowed	74.9	1,014	53.3	0.9	10.8	0.7	0.0	34.2	100.0	760
Residence										
Urban	81.3	1,682	69.5	1.9	3.4	1.1	0.0	24.1	100.0	1,367
Rural	78.3	5,413	45.5	1.2	12.8	0.2	0.2	40.0	100.0	4,240
Ecological zone										
Lowlands	82.0	4,299	57.3	1.9	7.8	0.6	0.1	32.1	100.0	3,525
Foothills	74.9	787	29.3	1.1	24.6	0.0	0.0	45.0	100.0	589
Mountains	72.5	1,572	40.4	0.0	12.8	0.1	0.3	46.5	100.0	1,140
Senqu River Valley	80.8	437	64.5	0.4	7.0	0.0	0.0	28.1	100.0	353
District										
Butha-Buthe	80.3	458	55.6	0.8	18.8	0.1	0.0	24.7	100.0	367
Leribe	81.1	1,065	47.5	0.7	14.7	0.3	0.2	36.6	100.0	864
Berea	80.9	776	40.5	2.6	17.5	0.0	0.0	39.5	100.0	628
Maseru	80.3	1,868	53.5	3.2	7.0	1.3	0.1	34.8	100.0	1,500
Mafeteng	78.6	755	58.6	0.3	7.2	0.0	0.0	33.9	100.0	593
Mohale's Hoek	78.1	684	55.4	0.0	1.6	0.0	0.0	43.0	100.0	534
Quthing	75.7	461	69.3	0.4	5.0	0.0	0.0	25.2	100.0	349
Qacha's Nek	76.5	233	51.0	0.0	6.9	0.0	0.0	42.2	100.0	178
Mokhotlong	82.1	360	59.3	0.0	0.0	0.0	0.0	40.7	100.0	295
Thaba-Tseka	68.5	435	19.2	0.0	33.5	0.5	1.1	45.7	100.0	298
Education										
No education	71.8	145	47.8	0.0	1.3	0.0	0.0	51.0	100.0	104
Primary, incomplete	78.1	4,207	44.3	1.0	11.6	0.3	0.1	42.7	100.0	3,284
Primary, complete	81.3	2,651	61.7	1.5	9.4	0.7	0.2	26.5	100.0	2,154
Secondary+	70.1	92	70.8	14.8	11.3	0.0	0.0	3.2	100.0	65
Wealth quintile										
Lowest	71.6	987	37.0	0.5	10.2	0.1	0.4	51.7	100.0	706
Second	74.9	1,294	42.7	0.7	13.3	0.0	0.0	43.3	100.0	969
Middle	81.1	1,258	46.2	1.1	13.0	0.0	0.2	39.6	100.0	1,020
Fourth	82.5	1,595	53.6	1.3	10.1	0.6	0.2	34.2	100.0	1,316
Highest	81.4	1,962	64.5	2.4	7.9	0.9	0.0	24.3	100.0	1,597
Total	79.0	7,095	51.4	1.4	10.6	0.4	0.1	36.1	100.0	5,607

Table 11.11.2 Knowledge of and source for HIV test: men

Percentage of men age 15-59 never tested for HIV and among those, percent distribution by main place known to get an AIDS test, by background characteristics, Lesotho 2004

Background characteristics	Per-centage never tested	Number of men	Place mentioned for HIV testing:							Number of men who have never been tested
			Public	Private	CHAL	Other	Missing	Don't know a place	Total	
Age										
15-24	88.4	1,250	33.5	0.5	5.6	0.4	0.1	59.9	100.0	1,105
15-19	90.5	743	31.0	0.6	4.2	0.4	0.0	63.9	100.0	673
20-24	85.3	507	37.4	0.4	7.8	0.5	0.2	53.6	100.0	432
25-29	77.5	374	45.0	0.1	8.2	0.0	0.6	46.1	100.0	290
30-39	75.6	538	42.8	0.8	9.5	0.8	0.0	46.0	100.0	407
40-49	78.3	334	39.0	0.9	5.9	1.5	0.6	52.1	100.0	261
50-59	81.1	301	40.7	0.8	7.1	0.0	0.0	51.3	100.0	244
Marital status										
Never married	86.3	1,422	35.1	0.5	5.9	0.4	0.2	57.9	100.0	1,228
Ever had sex	86.7	916	39.2	0.6	7.3	0.3	0.4	52.3	100.0	794
Never had sex	85.8	506	27.7	0.3	3.4	0.6	0.0	68.0	100.0	434
Married/living together	77.5	1,191	42.2	0.6	8.0	0.3	0.0	48.8	100.0	923
Divorced/separated/widowed	85.0	184	35.1	1.6	6.7	2.5	0.9	53.2	100.0	156
Residence										
Urban	84.8	603	63.0	1.2	0.5	1.5	0.0	33.9	100.0	511
Rural	81.9	2,194	30.9	0.5	8.6	0.3	0.2	59.6	100.0	1,797
Ecological zone										
Lowlands	84.3	1,734	41.7	0.9	5.0	0.7	0.1	51.4	100.0	1,462
Foothills	81.0	307	20.1	0.2	19.1	0.4	0.0	60.3	100.0	249
Mountains	76.7	585	29.1	0.0	6.6	0.0	0.5	63.8	100.0	449
Senqu River Valley	86.6	171	57.8	0.0	4.8	0.0	0.0	37.4	100.0	148
District										
Butha-Buthe	87.7	182	43.3	0.1	15.9	1.1	0.5	39.1	100.0	160
Leribe	79.5	393	32.6	0.3	9.1	0.0	0.0	58.0	100.0	312
Berea	82.0	350	28.9	1.5	8.3	0.5	0.5	60.3	100.0	287
Maseru	83.7	741	43.1	1.1	5.8	1.2	0.0	48.8	100.0	620
Mafeteng	83.5	297	34.6	0.0	5.3	0.0	0.0	60.1	100.0	248
Mohale's Hoek	84.4	281	38.4	0.7	1.3	0.6	0.0	59.0	100.0	237
Quthing	85.7	167	60.9	0.0	3.2	0.0	0.0	35.9	100.0	143
Qacha's Nek	76.4	99	31.3	0.0	4.6	0.0	0.0	64.1	100.0	76
Mokhotlong	84.3	130	42.6	0.0	0.0	0.0	0.0	57.4	100.0	110
Thaba-Tseka	73.4	156	17.7	0.0	17.0	0.0	1.8	63.5	100.0	115
Education										
No education	74.1	479	23.6	0.1	5.0	0.4	0.0	71.0	100.0	354
Primary, incomplete	84.6	1,546	31.0	0.6	6.5	0.2	0.2	61.6	100.0	1,307
Primary, complete	85.4	696	59.5	1.1	8.1	1.1	0.4	29.9	100.0	594
Secondary+	67.2	77	66.8	0.0	12.6	1.9	0.0	18.7	100.0	52
Wealth quintile										
Lowest	77.2	466	24.6	0.4	8.0	0.4	0.0	66.6	100.0	360
Second	82.5	514	28.3	0.5	6.7	0.0	0.7	63.9	100.0	424
Middle	84.2	566	32.0	0.1	8.7	0.4	0.3	58.4	100.0	476
Fourth	82.8	621	39.4	0.8	6.8	0.0	0.0	53.0	100.0	514
Highest	84.6	630	58.7	1.1	4.4	1.6	0.0	34.2	100.0	533
Total men 15-59	82.5	2,797	38.0	0.6	6.8	0.5	0.2	53.9	100.0	2,308
Total men 15-49	82.7	2,496	37.6	0.6	6.8	0.6	0.2	54.2	100.0	2,064

Table 11.12 presents data on HIV/AIDS information and counselling during antenatal care among pregnant women who gave birth in the two years preceding the survey. Fifty-eight percent of pregnant women who gave birth in the past two years received information and counselling about HIV/AIDS during antenatal care for their most recent birth. Pregnant women may be at an advantage to the rest of the population. They can receive information and counselling when they visit antenatal clinics for routine pregnancy care. The percentage of women who received information or counselling during an antenatal care visit rises steadily with age, education attainment, and wealth index quintile, and is significantly higher in urban than rural areas (80 and 55 percent, respectively). The highest proportion of pregnant women who received information and counselling about HIV/AIDS is among those who live in the Lowlands (66 percent) and Qacha's Nek (70 percent), and the lowest is among those who live the Mountains (47 percent) and Mokhotlong (39 percent).

11.9 SELF-REPORTING OF SEXUALLY TRANSMITTED INFECTIONS

Information about the incidence of sexually transmitted infections (STIs) is not only useful as a marker of unprotected sexual intercourse but also as a co-factor for HIV transmission.

The 2004 LDHS elicited information from both female and male respondents about their knowledge of infections other than HIV that can be transmitted sexually. Respondents who had ever had sex were also asked if they had had a sexually transmitted disease in the previous 12 months or if they had had either of two symptoms associated with STIs (a bad-smelling, unusual discharge from the vagina/penis or a genital sore or ulcer).

As shown in Table 11.13, only 3 percent of women and men age 15-49 who have ever had sex reported having had an STI in the 12 months before the survey. Twelve percent of women and 7 percent of men reported having had an abnormal genital discharge, while 6 percent of women and 7 percent men reported having had a genital sore or ulcer in the 12 months before the survey. Fifteen percent of women and 12 percent of men reported having an STI, an abnormal discharge, or a genital sore.

Table 11.12 Pregnant women received information and counselling about HIV/AIDS

Among women who gave birth in the two years preceding the survey, percentage who received information and were counselled about HIV/AIDS during antenatal care for their most recent birth, by background characteristics, Lesotho 2004

Background characteristics	Percentage who received information and counselling about HIV/AIDS during antenatal care ¹	Number of women who gave birth in the past 2 years ²
Age		
15-24	54.6	738
15-19	54.4	224
20-24	54.7	514
25-29	58.3	296
30-39	63.6	367
40-49	66.9	97
Marital status		
Never married	58.1	207
Married/living together	60.2	1,117
Divorced/separated/widowed	46.5	174
Residence		
Urban	79.9	209
Rural	54.9	1,290
Ecological zone		
Lowlands	65.5	767
Foothills	52.9	183
Mountains	47.1	450
Senqu River Valley	63.4	98
District		
Butha-Buthe	65.3	82
Leribe	60.5	252
Berea	55.6	166
Maseru	64.9	291
Mafeteng	62.5	155
Mohale's Hoek	55.9	153
Quthing	58.9	113
Qacha's Nek	69.5	55
Mokhotlong	38.6	100
Thaba-Tseka	46.7	131
Education		
No education	(46.1)	32
Primary, incomplete	52.0	956
Primary, complete	70.4	500
Secondary+	*	10
Wealth quintile		
Lowest	40.6	304
Second	52.7	350
Middle	57.9	280
Fourth	63.6	316
Highest	81.8	248
Total	58.3	1,498

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ In this context, "counselled" means that someone talked with the respondent about all three of the following topics: 1) babies getting the AIDS virus from their mother, 2) preventing the virus, and 3) getting tested for the virus.

² Denominator for percentages includes women who did not receive antenatal care for their last birth in the past two years

Table 11.13 Self-reporting of sexually-transmitted infections (STI) and STI symptoms

Among women age 15-49 and men age 15-59 who ever had sexual intercourse, the percentage reporting having had an STI and/or symptoms of an STI in the past 12 months, by background characteristics, Lesotho 2004

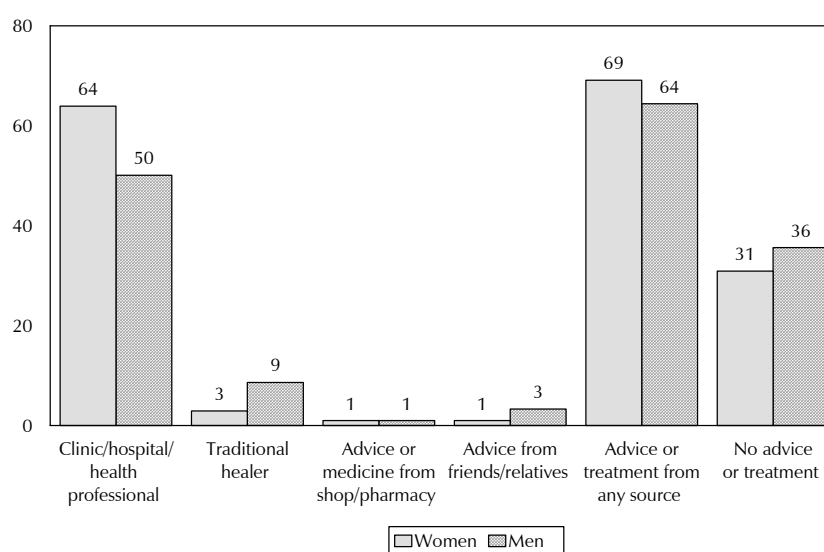
Background characteristics	Percentage of women who report having had in the past 12 months:					Percentage of men who reported having in the past 12 months:				
	STI	Abnormal genital discharge	Genital sore or ulcer	STI, genital discharge, sore or ulcer	Number of women who ever had sexual intercourse	STI	Abnormal genital discharge	Genital sore or ulcer	STI, genital discharge, sore or ulcer	Number of men who ever had sexual intercourse
Age										
15-19	1.2	10.8	3.7	12.3	734	1.4	9.7	6.5	14.7	339
20-24	2.5	13.4	7.2	16.2	1,298	1.7	8.7	8.9	14.5	436
25-29	4.2	11.4	7.2	16.4	1,019	5.1	7.8	6.0	12.3	360
30-39	4.3	13.2	5.6	16.0	1,538	4.6	7.8	7.9	11.5	523
40-49	3.1	10.9	5.0	13.0	1,328	2.5	4.2	3.0	6.7	332
50-59	na	na	na	na	na	0.8	3.7	6.0	8.3	300
Marital status										
Never married	2.3	9.2	5.6	12.3	1,197	2.2	7.5	6.9	12.4	913
Married or living together	3.6	12.9	5.7	15.6	3,707	3.1	6.2	6.4	10.4	1,194
Divorced/separated/ widowed	3.0	12.8	6.9	16.1	1,013	4.2	11.9	6.3	14.9	184
Residence										
Urban	2.8	8.7	5.2	12.4	1,397	2.2	4.7	3.7	7.0	514
Rural	3.4	13.2	6.1	15.8	4,520	3.0	7.9	7.5	12.9	1,777
Ecological zone										
Lowlands	3.0	10.7	5.4	13.5	3,577	2.2	6.5	6.8	11.3	1,401
Foothills	3.0	11.9	5.0	15.0	644	4.0	8.1	5.1	11.9	250
Mountains	4.0	16.2	8.1	19.4	1,320	3.8	8.9	6.7	12.3	486
Senqu River Valley	3.1	11.3	4.2	14.2	376	3.9	6.5	6.9	10.7	154
District										
Butha-Buthe	3.6	12.2	3.3	14.4	361	1.1	4.2	2.2	5.3	149
Leribe	2.2	9.9	5.0	11.6	876	1.8	4.9	4.3	7.5	317
Berea	1.7	9.2	5.4	11.3	628	0.7	6.8	4.9	9.0	277
Maseru	3.2	11.3	7.0	15.4	1,576	4.5	6.2	9.4	13.1	626
Mafeteng	5.2	11.7	3.8	13.4	641	4.6	13.1	7.8	19.5	215
Mohale's Hoek	3.2	14.6	4.8	17.8	577	2.2	11.1	7.5	15.9	240
Quthing	2.3	11.1	4.7	13.5	401	3.9	5.1	6.0	9.0	152
Qacha's Nek	3.8	9.6	3.9	12.8	203	3.0	9.3	6.4	11.7	86
Mokhotlong	8.6	23.9	12.7	27.1	293	2.6	8.9	4.0	8.9	105
Thaba-Tseka	1.0	16.1	8.4	19.5	361	1.1	4.0	7.2	10.2	123
Education										
No education	1.9	14.2	6.6	16.3	141	3.1	7.1	6.9	11.9	439
Primary, incomplete	2.6	12.6	6.3	15.2	3,569	2.5	8.6	7.0	12.9	1,212
Primary, complete	4.3	11.4	5.2	14.8	2,121	3.2	5.2	6.1	9.0	567
Secondary+	6.1	8.1	4.9	8.7	87	3.4	1.0	2.8	7.2	73
Circumcision status										
Circumcised	na	na	na	na	na	3.4	8.3	6.8	12.4	1,232
Uncircumcised	na	na	na	na	na	2.2	5.9	6.5	10.6	1,056
Wealth quintile										
Lowest	2.7	13.5	7.0	15.8	851	2.9	8.4	5.8	12.3	399
Second	2.0	14.6	7.3	17.5	1,109	3.1	9.6	7.8	14.9	436
Middle	3.7	13.5	5.9	15.7	1,026	3.7	8.4	9.5	14.0	451
Fourth	3.6	12.0	6.0	15.5	1,323	1.4	4.5	5.6	8.1	489
Highest	3.8	8.9	4.2	12.0	1,608	3.3	5.6	4.7	9.3	516
Total men 15-59	na	na	na	na	na	2.8	7.2	6.6	11.5	2,291
Total 15-49	3.2	12.1	5.9	15.0	5,917	3.2	7.7	6.7	12.0	1,991

Note: Total excludes three women who have ever been married but have never had sexual intercourse.
na = Not applicable

Differentials by background characteristics in the proportion who report having an STI or a symptom of an STI are not significant.

Figure 11.2 shows the proportion of women and men who reported having an STI or symptoms of an STI in the past 12 months who sought specific types of care. Sixty-nine percent of women and 64 percent of men sought some sort of advice or treatment for their symptoms. More women than men (64 and 50 percent, respectively) sought treatment from a health facility or health professional. Three percent of women and 9 percent of men sought treatment from a traditional healer, and an insignificant percentage of each sex sought advice or medicine from a shop or pharmacy. Three percent of women and 9 percent of men sought treatment from a traditional healer, and an insignificant percentage of each sex sought advice or medicine from a shop or pharmacy.

Figure 11.2 Percentage of Women and Men Reporting an STI or Symptoms of an STI in the Past 12 Months Who Sought Care, by Source of Advice or Treatment



LDHS 2004

11.10 MALE CIRCUMCISION

Circumcision is practiced in many communities in Lesotho and often serves as a rite of passage to adulthood. Some studies have shown an association between lack of male circumcision and increased transmission of STIs, including HIV. To investigate this relationship, men interviewed in the 2004 LDHS were asked if they were circumcised.

Table 11.14 shows that 48 percent of men age 15-59 in Lesotho are circumcised. The highest proportions of circumcised men age 30-59 (nearly 60 percent), while the lowest proportion is for men age 15-19 (21 percent). This could indicate a decline in the practice, although it is also possible that some young men may not have yet gone through the circumcision process. Men living in rural areas are more likely to be circumcised than those living in urban areas.

The highest proportion of circumcision is found among men who live in Quthing (69 percent) and Mokhotlong (66 percent), while the lowest is found among men in Maseru (34 percent) and Leribe (37 percent). People with no religion are more likely to be circumcised than those who are adherents to a recognized religion. There is a distinct decline in male circumcision with increasing education and wealth quintile.

Table 11.14 Male circumcision

Percentage of men age 15-59 who have been circumcised by background characteristics, Lesotho 2004

Background characteristics	Percentage of men who are circumcised	Number of men
Age		
15-19	21.0	743
20-24	54.2	507
25-29	57.5	374
30-39	59.7	538
40-49	59.0	334
50-59	59.1	301
Marital status		
Never married	34.5	1,419
Married or living together	62.0	1,194
Divorced/separated/widowed	60.7	184
Residence		
Urban	32.4	603
Rural	52.2	2,194
Ecological zone		
Lowlands	39.5	1,734
Foothills	59.1	307
Mountains	63.0	585
Senqu River Valley	62.5	171
District		
Butha-Buthe	60.9	182
Leribe	36.7	393
Berea	49.5	350
Maseru	33.7	741
Mafeteng	51.0	297
Mohale's Hoek	56.5	281
Quthing	68.9	167
Qacha's Nek	56.5	99
Mokhotlong	66.2	130
Thaba-Tseka	61.1	156
Education		
No education	78.3	479
Primary, incomplete	50.6	1,546
Primary, complete	23.6	696
Secondary+	25.8	77
Religion		
Roman Catholic Church	44.1	1,300
Lesotho Evangelical Church	46.7	605
Anglican Church	49.3	253
Other Christian	53.6	473
No religion	64.1	158
Wealth quintile		
Lowest	69.6	466
Second	57.3	514
Middle	48.8	566
Fourth	41.5	621
Highest	30.0	630
Total men 15-59	48.0	2,797
Total men 15-49	46.6	2,496

11.11 PREVALENCE OF INJECTIONS

Injection overuse contributes to the transmission of blood-borne pathogens because it amplifies the risk of unsafe practices, a result of the fact that reuse of injection equipment in health care settings is a potential vector of HIV/AIDS. Thus, the proportion of injections given with reused syringes and needles is an important indicator to assist in prevention and control of HIV/AIDS.

Respondents in the 2004 LDHS were asked if they had any injections given by a health worker in the three months preceding the survey and whether their last injection was given with a syringe and needle from a new, unopened package. It should be noted that medical injections can be self-administered (e.g., insulin for diabetes) and these injections were not included in the data. Table 11.15 shows the results of these questions.

Eight percent of women and 5 percent of men age 15-49 received an injection in the past 3 months. Women age 20-39 are more likely than men in the same age groups to have received injections in the past 3 months, probably because of injections given at ANC settings or for family planning. The pattern is reversed for the older age group 40-49. The average number for both women and men is 0.1 injections, with no significant variations by background characteristics.

Ninety-six percent of women and 80 percent of men age 15-49 who received an injection from a health worker in the past 3 months were administered the last injection safely (i.e., from a syringe and needle taken from an unopened package). The differentials by background characteristics are not pronounced.

Table 11.15 Prevalence of injections

Percentage of women age 15-49 and men age 15-59 who received at least one injection from a health worker in the past 12 months, the average number of medical injections per person and, among those who received an injection, the percentage whose health worker took the syringe and needle from a new and unopened package for the last injection, by background characteristics, Lesotho 2004

Background characteristics	Women					Men				
	Percent-age who received an injection from a health worker in the past 3 months	Average number of medical injections per year	Number of women	Last injection, syringe, and needle taken from newly opened package	Number of women receiving injections from a health worker in the past 3 months	Percent-age who received an injection from a health worker in the past 3 months	Average number of medical injections per year	Number of women	Last injection, syringe, and needle taken from newly opened package	Number of women receiving injections from a health worker in the past 3 months
Age										
15-19	2.2	0.0	1,710	(98.9)	37	3.0	0.0	743	*	22
20-24	10.7	0.2	1,463	95.4	156	4.6	0.1	507	(66.9)	24
25-29	11.9	0.2	1,044	97.4	124	5.5	0.1	374	(71.3)	21
30-39	11.2	0.2	1,545	98.1	173	6.5	0.1	538	(88.9)	35
40-49	3.7	0.0	1,334	(89.1)	49	9.0	0.1	334	(76.6)	30
50-59	na	na	na	na	na	10.9	0.2	301	(89.6)	33
Residence										
Urban	6.7	0.1	1,682	93.8	112	5.3	0.1	603	(88.5)	32
Rural	7.9	0.1	5,413	97.1	427	6.0	0.1	2,194	79.9	132
Ecological zone										
Lowlands	8.2	0.1	4,299	95.9	353	6.0	0.1	1,734	86.2	105
Foothills	7.4	0.1	787	100.0	58	7.6	0.1	307	67.9	23
Mountains	6.1	0.1	1,572	95.0	95	4.6	0.1	585	(72.6)	27
Senqu River Valley	7.4	0.1	437	100.0	32	5.2	0.1	171	*	9
District										
Butha-Buthe	6.7	0.1	458	96.9	31	6.8	0.1	182	*	12
Leribe	8.1	0.1	1,065	95.3	87	5.2	0.1	393	*	21
Berea	9.0	0.1	776	95.4	70	5.9	0.1	350	*	21
Maseru	7.0	0.1	1,868	95.0	131	6.6	0.1	741	(84.7)	49
Mafeteng	8.3	0.1	755	100.0	63	5.0	0.1	297	*	15
Mohale's Hoek	9.9	0.1	684	100.0	67	8.4	0.1	281	(81.7)	24
Quthing	6.3	0.2	461	(100.0)	29	1.4	0.0	167	*	2
Qacha's Nek	10.8	0.2	233	85.0	25	10.6	0.1	99	*	11
Mokhotlong	4.1	0.1	360	*	15	1.8	0.1	130	*	2
Thaba-Tseka	5.1	0.1	435	(100.0)	22	4.8	0.1	156	*	8
Education										
No education	4.8	0.1	145	*	7	6.5	0.1	479	(74.6)	31
Primary, incomplete	7.5	0.1	4,207	97.4	314	6.5	0.1	1,546	78.6	100
Primary, complete	8.0	0.1	2,651	95.9	212	4.2	0.1	696	(96.9)	29
Secondary+	6.6	0.1	92	*	6	4.8	0.0	77	*	4
Wealth quintile										
Lowest	6.4	0.1	987	96.1	63	3.8	0.1	466	*	18
Second	8.0	0.2	1,294	94.4	104	5.5	0.1	514	(71.1)	28
Middle	7.5	0.1	1,258	97.4	94	7.2	0.1	566	(82.9)	41
Fourth	7.9	0.1	1,595	94.9	126	4.7	0.1	621	(82.7)	29
Highest	7.7	0.1	1,962	98.6	152	7.6	0.1	630	(91.6)	48
Total men 15-59	na	na	na	na	na	5.9	0.1	2,797	81.6	164
Total 15-49	7.6	0.1	7,095	96.4	539	5.2	0.1	2,496	79.5	131

Note: Includes injections given by a doctor, nurse, midwife, nursing assistant, pharmacist, dentist, or other health worker. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

na = Not applicable

11.12 HIV/AIDS-RELATED KNOWLEDGE AND BEHAVIOUR AMONG YOUTH

This section addresses knowledge of HIV/AIDS issues and related sexual behaviour among youths age 15-24 who are of particular interest for HIV/AIDS programmes. The period between initiation of sexual activity and marriage is often a time of sexual experimentation, but it may also involve risky behaviours. Comprehensive knowledge of HIV/AIDS transmission and prevention and knowledge of sources of condoms among youth is analysed in this section. Issues such as abstinence, age at sexual debut, age differences between partners, and condom use are also covered.

11.12.1 Knowledge of HIV Transmission and Source for Condoms

Knowledge of the means of transmission of HIV is crucial in enabling people to avoid HIV, especially for young people, who are often at greater risk because they may have shorter relationships with more partners or engage in other risky behaviours. Young respondents in the 2004 LDHS were asked the same set of questions as older respondents about whether condom use and limiting number of partners to one uninfected partner can help protect against getting the AIDS virus, and whether a healthy-looking person can have the AIDS virus.

The data in Table 11.16 show the level of comprehensive knowledge among young people, namely, the proportion who, in response to a prompted question, agree that people can reduce their chances of getting the AIDS virus by having sex with only one uninfected, faithful partner and by using condoms consistently; who know that a healthy-looking person can have the AIDS virus; and who know that HIV cannot be transmitted by mosquito bites or by sharing food or utensils with a person who has AIDS. Only 26 percent of young women and 18 percent of young men know all of these facts about HIV/AIDS. Interestingly, level of comprehensive knowledge does not increase with age. However, it increases with increasing education, wealth status, and is much higher among urban youths than rural youths. Young women and men who are in a marital, cohabiting relationship and women who are divorced, separated, or widowed are least likely to have comprehensive knowledge about HIV/AIDS than never-married youths. Interestingly, there is no substantial difference in level of comprehensive knowledge between those who have and have not had sex. The lowest level of knowledge is among youth living in the Mountains: 16 percent among women and 9 percent among men. Respondents in such districts as Mafeteng, Mokhotlong, Thaba-Tseka and among men, Qacha's Nek know the least about HIV/AIDS transmission and prevention.

Because of the important role that the condom plays in combating the transmission of HIV, respondents were asked if they know where condoms could be obtained. Note that only responses about "formal" sources were tabulated (i.e., friends and family, and other similar sources were not included). As shown in Table 11.16, general knowledge of condom sources is at the same level among young men and women (63 percent for women and 66 percent for men). Consistent with trends in other indicators, the knowledge is higher among more educated, urban youths and those in highest wealth quintiles. Knowledge of sources of condoms is highest in Senqu River Valley (76 percent for both women and men) compared with other ecological zones, and in Maseru (70 percent for women and 76 percent for men) and Quthing (70 percent for women and 79 percent for men) compared with other districts.

Table 11.16 Comprehensive knowledge about AIDS and of a source of condoms among youth

Percentage of young women and young men age 15-24 with comprehensive knowledge about AIDS and percentage with knowledge of a source of condoms, by background characteristics, Lesotho 2004

Background characteristics	Women 15-24			Men 15-24		
	Percentage with comprehensive knowledge of AIDS ¹	Percentage who know a condom source ²	Number of women	Percentage with comprehensive knowledge of AIDS ¹	Percentage who know a condom source ²	Number of men
Age						
15-19	25.6	52.1	1,710	18.0	59.1	743
15-17	24.4	46.6	1,005	13.3	51.8	469
18-19	27.4	59.9	705	26.1	71.5	274
20-24	26.0	76.0	1,463	18.8	75.3	507
20-22	25.3	73.6	935	18.4	75.2	320
23-24	27.2	80.2	528	19.5	75.7	187
Marital status						
Never married	30.5	59.7	1,990	19.0	64.8	1,137
Ever had sex	33.1	76.2	851	20.0	78.2	662
Never had sex	28.6	47.4	1,139	17.6	46.1	475
Married/living together	18.4	67.9	1,072	12.9	74.7	106
Divorced/separated/ widowed	12.6	77.0	111	*	*	8
Residence						
Urban	41.8	77.3	671	39.2	86.6	215
Rural	21.5	59.3	2,502	14.0	61.3	1,035
Ecological zone						
Lowlands	29.2	67.1	1,865	21.2	69.9	773
Foothills	23.3	51.1	378	16.7	62.0	142
Mountains	16.2	55.2	723	8.7	51.6	258
Senqu River Valley	33.0	75.8	207	25.4	76.4	78
District						
Butha-Buthe	25.5	65.5	221	19.5	71.6	78
Leribe	29.0	63.9	485	15.4	64.4	153
Berea	18.2	50.6	351	18.4	63.1	164
Maseru	36.2	70.1	783	27.1	76.1	311
Mafeteng	17.8	64.9	327	13.2	56.1	165
Mohale's Hoek	22.9	58.4	315	14.7	61.7	135
Quthing	32.5	69.5	221	25.0	78.8	73
Qacha's Nek	20.0	63.7	108	8.0	49.5	48
Mokhotlong	8.5	61.1	165	8.4	57.7	54
Thaba-Tseka	18.2	51.4	197	11.8	55.1	69
Education						
No education	(3.7)	(44.1)	22	2.8	44.8	97
Primary, incomplete	15.2	51.4	1,792	10.2	58.8	769
Primary, complete	39.8	78.5	1,342	38.9	84.1	370
Secondary+	*	*	17	*	*	13
Wealth quintile						
Lowest	13.1	48.7	472	5.3	52.1	168
Second	14.3	55.4	589	10.9	58.3	221
Middle	23.2	61.6	623	12.1	57.2	277
Fourth	31.6	66.3	725	27.8	72.1	295
Highest	39.1	76.1	764	28.1	80.8	289
Total 15-24	25.8	63.1	3,173	18.4	65.7	1,250

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Respondents with a comprehensive knowledge say that use of condom for every sexual intercourse and having just one uninfected and faithful partner can reduce the chance of getting the AIDS virus, say that a healthy-looking person can have the AIDS virus, and say that AIDS cannot be transmitted by mosquito bites, and a person cannot become infected by sharing food or utensils with a person who has AIDS

² For the purposes of this table, the following are not considered as knowing a source for condoms: friends, family members, and home

11.12.2 Age at First Sex among Youth

The analysis in this section deals with age at first sex, premarital and other higher-risk sex, and condom use among young women and men.

Table 11.17 shows the proportion of women and men age 15-24 who had sex by age 15 and 18, by background characteristics. Fifteen percent of young women and almost twice as many young men (27 percent) in Lesotho had sex by age 15. The proportion of young women who had sex before ages 15 and 18 is much lower among those who have never been married than among women who have ever been married. However, 27 percent of never-married men and 25 percent of currently married or cohabiting women had their first sex by age 15. Level of education, wealth quintile, and residence are strongly related to age at first sex, especially for women. While more than one-third of women age 15-24 with no education had sex by age 15, the proportion declines significantly to only 1 in 10 women among those who have completed primary education. A larger proportion of women in rural areas report their sexual debut at age 15 and 18 compared with women in urban areas. For men, the relationship between education, wealth quintile, residence, and age at sexual debut is not as strong.

Interestingly, knowledge of a condom source is not correlated with the age at first sex, except for women reporting their first sex at the age of 18. Women who know of a source for condoms are more likely than those who do not know of a source to have had their sexual debut by age 18 (52 and 39 percent, respectively). Men with knowledge of where to obtain a condom are also significantly more likely to have had an early sexual debut (by age 15 or 18). Both young men and young women are more likely to have had an early sexual debut in Senqu River Valley and Quthing, compared with other ecological zones and districts.

Table 11.17 Age at first sex among young women and men

Percentage of young women and men age 15-24 who have had sex by exact age 15 and 18, by age, Lesotho 2004

Background characteristics	Women			Men		
	15	18	Number of women 15-24	15	18	Number of men 15-24
Age						
15-19	16.3	na	1,710	29.7	na	743
15-17	16.3	na	1,005	28.1	na	469
18-19	16.3	60.7	705	32.4	63.7	274
20-24	13.1	54.3	1,463	24.0	63.2	507
20-22	13.5	56.7	935	24.4	65.8	320
23-24	12.6	50.1	528	23.5	58.7	187
Marital status						
Never married	10.6	31.6	1,990	27.4	50.6	1,137
Married or living together	21.2	72.3	1,072	24.7	68.3	106
Divorced/separated/ widowed	28.0	78.4	111	*	*	8
Residence						
Urban	9.6	39.8	671	27.8	52.7	215
Rural	16.2	48.9	2,502	27.3	52.2	1,035
Ecological zone						
Lowlands	13.2	44.4	1,865	25.6	50.7	773
Foothills	16.8	47.8	378	28.7	52.7	142
Mountains	16.1	48.9	723	28.1	50.0	258
Senqu River Valley	21.6	61.5	207	40.5	74.9	78
District						
Butha-Buthe	9.4	43.2	221	17.5	49.2	78
Leribe	11.1	41.8	485	21.7	45.2	153
Berea	12.6	44.7	351	23.6	49.2	164
Maseru	14.4	44.2	783	32.0	53.9	311
Mafeteng	18.5	48.5	327	24.2	48.8	165
Mohale's Hoek	18.8	54.2	315	32.1	60.9	135
Quthing	24.8	66.1	221	39.4	72.5	73
Qacha's Nek	17.8	55.3	108	39.1	66.8	48
Mokhotlong	10.6	41.9	165	19.0	41.3	54
Thaba-Tseka	14.2	42.7	197	23.5	40.0	69
Education						
No education	35.5	72.2	22	28.4	51.6	97
Primary, incomplete	18.6	51.5	1,792	29.2	49.9	769
Primary, complete	9.7	40.5	1,342	23.3	57.2	370
Secondary+	*	*	17	*	*	13
Knows a condom source¹						
Yes	14.8	51.5	2,025	31.7	62.7	848
No	15.0	38.9	1,146	18.1	30.1	401
Wealth quintile						
Lowest	21.6	55.3	472	31.1	51.6	168
Second	18.7	54.6	589	30.6	53.7	221
Middle	15.7	47.8	623	27.4	54.2	277
Fourth	11.2	45.3	725	22.4	48.9	295
Highest	10.4	36.8	764	27.8	53.2	289
Total 15-24	14.8	47.0	3,173	27.4	52.3	1,250

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

na = Not available

¹ For the purposes of this table, the following are not considered as knowing a source for condoms: friends, family members, and home

To assess the extent of condom use from the beginning of sexual exposure, respondents age 15-24 were asked whether they had used a condom the first time they had sex. Table 11.18 presents the percentage of youths age 15-24 who used a condom during first sex by background characteristics. Only a fourth of young women and men used a condom during their first sexual encounter. Younger women and men age 15-19 are more likely than those age 20-24 to report condom use at first sex (29 and 27 percent, respectively, compared with 22 percent). Never-married women and men are 4 times more likely to have used a condom the first time they ever have sex as those who are currently married or cohabiting.

Predictably, young women and men with higher levels of education, those living in households that are in the highest wealth quintile, and those who live in urban areas report higher condom use at first sexual intercourse than their counterparts in other sub-groups. Twenty-nine percent of women and men with knowledge of a condom source used a condom at first sex among young women and men who were unaware of a source for condoms, while only 12 and 5 percent, respectively, reported condom use.

Table 11.18 Condom use at first sexual intercourse among youth				
Percentage of young women and young men age 15-24 who used a condom the first time they had sexual intercourse, by background characteristics, Lesotho 2004				
Background characteristics	Women		Men	
	Percentage who used a condom at first sexual intercourse	Number who have ever had sexual intercourse	Percentage who used a condom at first sexual intercourse	Number who have ever had sexual intercourse
Age				
15-19	28.7	734	26.9	339
15-17	28.9	272	20.5	159
18-19	28.6	462	32.5	180
20-24	22.2	1,298	22.4	436
20-22	24.7	813	27.1	267
23-24	18.1	485	15.0	170
Marital status				
Never married	42.1	851	27.3	662
Married or living together	11.6	1,070	7.8	106
Divorced/separated/widowed	14.9	111	*	8
Residence				
Urban	37.9	403	34.7	132
Rural	21.2	1,629	22.2	643
Ecological zone				
Lowlands	31.1	1,168	28.1	463
Foothills	16.3	241	22.8	88
Mountains	11.6	475	16.5	163
Senqu River Valley	27.8	148	19.4	62
District				
Butha-Buthe	26.9	128	36.1	47
Leribe	24.7	303	33.6	85
Berea	29.9	207	30.5	95
Maseru	29.7	505	23.0	200
Mafeteng	23.2	216	22.6	91
Mohale's Hoek	23.6	209	15.3	96
Quthing	23.1	162	21.5	59
Qacha's Nek	15.9	78	22.0	35
Mokhotlong	9.3	100	16.6	29
Thaba-Tseka	15.6	125	(20.6)	38
Education				
No education	6.1	20	5.6	70
Primary, incomplete	16.2	1,169	18.6	449
Primary, complete	35.5	828	38.4	247
Secondary+	90.5	*	68.2	*
Knows a condom source¹				
Yes	29.4	1,476	29.1	625
No	11.8	554	4.7	150
Wealth quintile				
Lowest	6.8	339	7.7	109
Second	16.0	409	17.0	146
Middle	23.6	398	19.2	169
Fourth	29.7	461	29.3	171
Highest	42.3	425	40.7	179
Total 15-24	24.5	2,032	24.4	775
Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.				
¹ For the purposes of this table, the following are not considered as knowing a source for condoms: friends, family members, and home				

The period between age at first sex and age at marriage is often a time of sexual experimentation. Unfortunately, in the era of HIV/AIDS, it can also be a risky time. Table 11.19 shows the percentage of never-married women and men age 15-24 who have not yet engaged in sex, as well as the percentage who had sex in the 12 months preceding the survey and the percentage who used condoms during their most recent sex. Almost six in ten (57 percent) never-married young women reported that they had never had sex, compared with more than four in ten (42 percent) young men. While the proportion of unmarried youth who have never had sex drops rapidly between age groups 15-19 and 20-24, sizeable proportions of women and men age 20-24 have not yet had sex (28 percent of never-married women and 18 percent of never-married men). It appears that never-married youth in the lowest wealth quintile have slightly higher rates of abstinence than those in higher wealth quintiles, especially among women. Just under half of women who know a source for condoms have never had sex compared with three-fourths of women who do not know of a source for condoms. For men, 29 percent of those who know a source for condoms have never had sex compared with 67 percent of men who do not know of a formal source where to get condoms. Looking at districts, abstinence rates among young unmarried women are the lowest in Quthing (40 percent for women and 21 percent for men) and the highest in Thaba-Tseka (75 percent for women and 54 percent for men) and Mokhotlong (71 percent for women and 58 percent for men).

Table 11.19 also shows the percentage of never-married young women and men who had sex in the 12 months preceding the survey, as well as the percentage who used a condom the last time they had sex. A significant proportion of never-married respondents age 15-24 had sex in the past 12 months (28 percent of women and 48 percent of men). About half of never-married respondents reported using a condom during last sexual intercourse (56 percent of women and 50 percent of men). While urban women are more likely to have had sex in the preceding 12 months than rural women (35 and 26 percent, respectively), the difference is not as pronounced among men (50 and 47 percent, respectively). A significantly larger proportion of women age 20-24 (65 percent) than those age 15-19 (47 percent) reported condom use at last sex, whereas close to half of the men in both age groups used a condom at last sex.

Table 11.19 Premarital sexual intercourse and condom use during premarital sexual intercourse among youth

Among never-married women and men age 15-24, the percentage who have never had sexual intercourse, the percentage who have had sexual intercourse in the past 12 months, and among those who have had premarital sexual intercourse in the past 12 months, the percentage who used a condom at the last sexual intercourse, by background characteristics, Lesotho 2004

Background characteristics	Women					Men				
	Percentage who have never had sexual intercourse	Percentage who have had sexual intercourse in the past 12 months	Number of never-married women 15-24	Have had sexual intercourse in the past 12 months		Percentage who have never had sexual intercourse	Percentage who have had sexual intercourse in the past 12 months	Number of never-married men 15-24	Have had sexual intercourse in the past 12 months	
				Percentage who used a condom at last sexual intercourse	Number of women				Percentage who used a condom at last sexual intercourse	Number of men
Age										
15-19	69.4	20.7	1,402	46.8	291	54.6	37.1	740	48.6	275
15-17	78.9	15.6	929	41.1	145	66.1	26.0	469	41.7	122
18-19	50.8	30.8	473	52.5	146	34.7	56.3	271	54.1	153
20-24	28.1	46.1	588	65.2	271	17.8	67.6	397	52.0	268
20-22	30.0	45.0	405	64.4	182	19.2	65.9	278	54.8	183
23-24	23.7	48.6	182	66.8	89	14.6	71.3	119	45.9	85
Residence										
Urban	52.6	34.9	505	68.0	176	41.0	49.9	202	75.3	101
Rural	58.8	26.0	1,484	50.0	385	41.9	47.3	934	44.5	442
Ecological zone										
Lowlands	54.5	30.6	1,274	61.6	390	42.7	46.3	726	57.5	336
Foothills	68.4	18.2	201	37.1	37	43.3	43.5	125	39.4	54
Mountains	67.4	19.4	368	39.9	71	44.5	45.7	213	31.3	97
Senqu River Valley	40.0	43.1	147	47.7	63	21.6	75.0	73	50.6	55
District										
Butha-Buthe	66.0	23.2	141	59.1	33	43.0	47.6	73	(53.9)	35
Leribe	61.4	25.4	297	57.4	76	47.1	43.6	144	65.2	63
Berea	63.2	20.3	228	(53.7)	46	45.7	37.4	151	52.5	56
Maseru	52.9	34.5	522	68.7	180	39.9	49.7	279	57.1	139
Mafeteng	56.0	29.6	197	50.3	58	47.1	41.7	156	38.7	65
Mohale's Hoek	51.9	29.5	205	36.6	61	32.0	60.0	123	45.6	74
Quthing	39.5	41.4	150	44.4	62	20.5	77.4	67	40.7	52
Qacha's Nek	47.9	33.5	63	59.5	21	30.1	59.0	44	64.3	26
Mokhotlong	71.3	14.5	91	*	13	57.6	32.5	43	(46.4)	14
Thaba-Tseka	74.9	12.3	96	*	12	53.8	34.5	58	(23.2)	20
Education										
No education	*	*	6	*	3	37.6	47.1	73	(13.5)	34
Primary, incomplete	61.1	25.7	1,016	41.2	261	45.5	45.2	704	38.8	318
Primary, complete	54.0	30.0	951	67.6	286	35.7	52.3	347	74.8	181
Secondary+	*	*	16	*	12	*	*	13	*	9
Knows a condom source¹										
Yes	45.5	37.4	1,201	64.0	449	29.4	58.1	759	58.9	441
No	75.0	14.3	789	22.3	113	66.8	27.0	376	12.9	102
Wealth quintile										
Lowest	64.4	21.8	206	43.1	45	42.3	42.5	138	27.2	59
Second	56.7	27.1	319	25.5	86	38.1	56.4	196	33.3	111
Middle	58.4	26.5	385	49.3	102	42.1	46.3	257	42.1	119
Fourth	56.8	29.5	464	60.3	137	45.4	42.2	273	56.4	115
Highest	54.6	31.1	616	72.3	191	40.2	51.1	272	75.4	139
Total 15-24	57.2	28.2	1,990	55.7	562	41.8	47.7	1,137	50.3	543

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ For the purposes of this table, the following are not considered as knowing a source for condoms: friends, family members and home.

11.12.3 Higher-Risk Sex among Youth

In many countries, the most common means of HIV/AIDS transmission is through unprotected sex with an infected person. To prevent HIV/AIDS virus transmission, it is important that young people practice safe sex through the most advocated “ABC” methods (abstinence, being faithful to one uninfected partner, and condom use). Tables 11.20.1 and 11.20.2 show the percentage of young people who engage in higher-risk sex, defined as sex with a non-marital, non-cohabiting partner in the 12-month period preceding the survey, and the extent to which they use condoms in higher-risk sexual encounters.

Among sexually active youths age 15-24 years, the percentage of women and men who have engaged in higher-risk sex activity in the past 12 months is 42 and 89 percent, respectively. Half of respondents who had higher-risk intercourse in the past 12 months reported condom use at last sexual encounter (50 percent for women and 48 percent for men). There are significant differences in the level of higher-risk sex and condom use by various background characteristics, mostly for women. By definition, all sexually active women and men who have never married engage in higher-risk sex. Those who have never married are more likely to use condoms during higher-risk sexual activity than ever-married women and men. Almost six in ten women and men who know of a condom source used a condom in their last higher-risk sexual encounter, compared with one in five women (21 percent) and more than one in ten men (12 percent) who do not know where to obtain a condom.

Differences in the extent of higher-risk sex among youth by ecological zones are significant. For women, these differences range from 25 percent in Foothills to 60 percent in Senqu River Valley, while for men it ranges from 83 percent in the Mountains to 96 percent in Senqu River Valley. Among those having higher-risk sex, women and men in the Mountains are least likely to report condom use. Women in the highest wealth quintiles and in urban areas are almost twice as likely as other women to engage in higher-risk sexual behaviour, while for men the gap is not as pronounced. It is striking to observe that engagement in higher-risk sex increases significantly with respondent’s educational attainment. For women, this ranges from 28 percent of uneducated women to 47 percent of those who have completed primary education, while for men it increases from 76 percent of uneducated men to 89 percent of those who have completed primary education.

Table 11.20.1 Higher-risk sexual intercourse among youth and condom use at last higher-risk intercourse in the past 12 months: women

Among young women age 15-24 who had sexual intercourse in the past 12 months, the percentage who had higher-risk sexual intercourse in the past 12 months, and among those having higher-risk intercourse in the past 12 months, the percentage reporting that a condom was used at last higher-risk intercourse, by background characteristics, Lesotho 2004

Background characteristics	Women 15-24 who had sexual intercourse in the past 12 months		Women 15-24 who had higher-risk intercourse in the past 12 months	
	Percentage who had higher-risk intercourse in the past 12 months	Number of women	Percentage who reported using a condom at last higher-risk intercourse	Number of women
Age				
15-19	53.8	571	48.3	307
15-17	68.2	218	43.3	149
18-19	44.9	353	52.9	159
20-24	35.5	1,049	51.6	372
20-22	36.0	649	52.4	234
23-24	34.5	400	50.2	138
Marital status				
Never married	96.9	562	55.9	544
Married or living together	7.8	977	32.5	76
Divorced/separated/widowed	71.9	83	19.6	59
Residence				
Urban	57.6	328	65.8	189
Rural	37.9	1,293	44.0	491
Ecological zone				
Lowlands	47.6	923	58.1	440
Foothills	24.8	197	32.9	49
Mountains	31.4	383	30.4	120
Senqu River Valley	60.2	118	45.8	71
District				
Butha-Buthe	38.4	105	56.3	40
Leribe	35.3	241	53.0	85
Berea	33.4	164	48.2	55
Maseru	51.3	417	63.3	214
Mafeteng	40.5	172	44.5	70
Mohale's Hoek	43.1	161	35.2	69
Quthing	55.8	124	43.2	69
Qacha's Nek	44.2	61	49.4	27
Mokhotlong	30.6	75	(15.8)	23
Thaba-Tseka	26.8	101	(31.1)	27
Education				
No education	(28.4)	18	*	5
Primary, incomplete	37.9	947	36.6	360
Primary, complete	47.2	643	65.0	303
Secondary+	*	13	*	12
Knows a condom source¹				
Yes	45.6	1,187	57.5	542
No	31.8	433	20.8	138
Wealth quintile				
Lowest	27.6	273	29.1	76
Second	37.4	333	27.8	125
Middle	39.5	315	46.1	125
Fourth	41.6	376	55.6	156
Highest	61.4	324	70.3	199
Total 15-24	41.9	1,621	50.1	680

Note: "Higher-risk intercourse" refers to sexual intercourse with a partner who neither was a spouse nor who lived with the respondent. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ For the purposes of this table, the following are not considered as knowing a source for condoms: friends, family members, and home

Table 11.20.2 Higher-risk sexual intercourse among youth and condom use at last higher-risk intercourse in the past 12 months: men

Among young men age 15-24 who had sexual intercourse in the past 12 months, the percentage who had higher-risk sexual intercourse in the past 12 months, and among those having higher-risk intercourse in the past 12 months, the percentage reporting that a condom was used at last higher-risk intercourse, by background characteristics, Lesotho 2004

Background characteristics	Men 15-24 who had sexual intercourse in the past 12 months		Men 15-24 who had higher-risk intercourse in the past 12 months	
	Percentage who had higher-risk intercourse in the past 12 months	Number of men	Percentage who reported using a condom at last higher-risk intercourse	Number of men
Age				
15-19	97.1	278	48.4	270
15-17	100.0	122	43.4	122
18-19	94.8	156	52.6	148
20-24	83.3	366	46.8	304
20-22	86.8	223	51.1	194
23-24	77.7	143	39.3	111
Marital status				
Never married	98.2	543	50.3	533
Married or living together	35.7	93	(14.0)	33
Divorced/separated/ widowed	*	8	*	8
Residence				
Urban	96.7	111	71.4	107
Rural	87.7	533	42.1	467
Ecological zone				
Lowlands	90.5	378	56.1	342
Foothills	87.8	70	32.7	61
Mountains	83.4	136	28.5	114
Senqu River Valley	95.7	60	50.5	57
District				
Butha-Buthe	92.8	39	51.4	36
Leribe	90.4	72	64.8	65
Berea	76.9	68	46.0	52
Maseru	92.0	165	52.7	152
Mafeteng	94.4	74	38.5	70
Mohale's Hoek	89.8	85	43.9	77
Quthing	90.6	58	41.8	53
Qacha's Nek	90.1	30	54.2	27
Mokhotlong	(75.3)	25	(29.9)	19
Thaba-Tseka	(88.0)	27	(23.4)	24
Education				
No education	75.8	58	12.5	44
Primary, incomplete	91.0	376	36.8	342
Primary, complete	89.3	201	74.0	179
Secondary+	*	9	*	9
Knows a condom source¹				
Yes	89.8	521	55.6	468
No	86.8	123	12.3	107
Wealth quintile				
Lowest	78.8	85	25.5	67
Second	86.8	133	32.8	116
Middle	93.4	137	40.5	128
Fourth	88.9	137	52.9	121
Highest	93.7	152	71.8	142
Total 15-24	89.2	644	47.6	574

Note: "Higher-risk intercourse" refers to sexual intercourse with a partner who neither was a spouse nor who lived with the respondent. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ For the purposes of this table, the following are not considered as knowing a source for condoms: friends, family members, and home

In many societies, young women have sexual relationships with men who are considerably older than they are. This practice can contribute to the wider spread of HIV and other STIs, because if a younger, uninfected partner has sex with an older, infected partner, this can introduce the virus into a younger, uninfected cohort. To investigate this practice, the 2004 LDHS asked women age 15-19 who had sex in the 12 months preceding the survey with a non-marital, non-cohabiting partner whether the man was younger, about the same age, or older than they. If older, the women were asked if they thought he was less than 10 years older or 10 or more years older.

The results in Table 11.21 show that only 7 percent of women age 15 to 19 have had higher-risk sex with a man 10 years or more older than themselves in the past 12 months. Similar to other indicators, there is a strong relationship between wealth index and urban-rural residence and the likelihood of engaging in age-mixing in sexual partnerships: women in lower wealth quintiles and in rural areas are more likely than others to engage in this type of sexual partnerships. Differences by background characteristics are small, especially because of the small number of cases.

Sexual intercourse, while one or both partners are under the influence of alcohol, is more likely than otherwise to be unplanned, and couples are therefore less likely to use condoms. In the 2004 LDHS, respondents who had sex during the preceding 12 months were asked if they or their partner drank alcohol the last time they had sex. Table 11.22 shows the prevalence of sexual intercourse while drinking. While the overall prevalence of sex under the influence of alcohol is relatively low, 7 percent of women and 5 percent of men reported such occurrences. Young women and men age 15-19 were less likely to report drunkenness during sexual intercourse (5 percent of women and 3 percent of men) compared with those age 20-24 (8 percent of women and 7 percent of men).

Table 11.21 Age-mixing

Among women age 15-19 who have had higher-risk sexual intercourse in the past 12 months, percentage who had higher-risk sex with a man who was 10 or more years older than themselves, by background characteristics, Lesotho 2004

Background characteristics	Percentage who had higher-risk intercourse with a man 10+ years older	Number of women 15-19 who had higher-risk intercourse in the past 12 months
Age		
15-17	7.5	153
18-19	7.0	169
Marital status		
Never married	5.6	295
Ever married	(24.5)	28
Residence		
Urban	3.5	64
Rural	8.2	258
Ecological zone		
Lowlands	4.3	197
Foothills	(5.1)	27
Mountains	16.5	55
Senqu River Valley	10.1	44
District		
Butha-Buthe	(12.4)	23
Leribe	(20.1)	38
Berea	(1.7)	26
Maseru	(1.1)	77
Mafeteng	(0.0)	35
Mohale's Hoek	(2.7)	45
Quthing	*	48
Qacha's Nek	(7.5)	13
Mokhotlong	*	6
Thaba-Tseka	*	11
Education		
No education	*	1
Primary, incomplete	7.9	197
Primary, complete	6.1	125
Knows a condom source¹		
Yes	7.0	222
No	7.7	100
Wealth quintile		
Lowest	(12.9)	37
Second	9.2	70
Middle	13.9	69
Fourth	2.9	70
Highest	0.8	77
Total 15-19	7.2	323

Note: "Higher-risk intercourse" refers to sexual intercourse with a partner who neither was a spouse nor who lived with the respondent. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ For the purposes of this table, the following are not considered as knowing a source for condoms: friends, family members and home.

Table 11.22 Drunkenness during sexual intercourse among youth

Percentage of young women and young men age 15-24 who had sexual intercourse in the past 12 months while drinking, by background characteristics, Lesotho 2004

Background characteristics	Women 15-24		Men 15-24	
	Percentage who had sexual intercourse in the past 12 months when drunk	Number of women who had sexual intercourse in past 12 months	Percentage who had sexual intercourse in the past 12 months when drunk	Number of men who had sexual intercourse in past 12 months
Age				
15-19	5.1	571	2.6	278
15-17	4.5	218	2.8	122
18-19	5.5	353	2.3	156
20-24	7.6	1,049	6.9	366
20-22	6.8	649	5.4	223
23-24	8.9	400	9.3	143
Marital status				
Never married	7.7	562	4.5	543
Married or living together	5.4	977	7.4	93
Divorced/separated/ widowed	16.9	83	*	8
Residence				
Urban	7.3	328	9.3	111
Rural	6.6	1,293	4.1	533
Ecological zone				
Lowlands	8.2	923	5.4	378
Foothills	2.9	197	4.7	70
Mountains	4.8	383	3.2	136
Senqu River Valley	8.5	118	7.4	60
District				
Butha-Buthe	6.0	105	3.0	39
Leribe	8.9	241	5.3	72
Berea	9.2	164	4.6	68
Maseru	6.9	417	6.2	165
Mafeteng	6.8	172	5.9	74
Mohale's Hoek	6.2	161	2.3	85
Quthing	5.1	124	4.7	58
Qacha's Nek	6.7	61	2.1	30
Mokhotlong	4.4	75	(3.7)	25
Thaba-Tseka	2.5	101	(12.0)	27
Education				
No education	(9.8)	18	4.3	58
Primary, incomplete	6.5	947	4.4	376
Primary, complete	7.2	643	6.6	201
Secondary+	*	13	*	9
Knows a condom source¹				
Yes	7.3	1,187	5.6	521
No	5.2	433	2.7	123
Wealth quintile				
Lowest	6.3	273	4.0	85
Second	6.1	333	3.0	133
Middle	7.8	315	4.8	137
Fourth	6.2	376	4.5	137
Highest	7.4	323	8.1	152
Total 15-24	6.8	1,620	5.0	644

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ For the purposes of this table, the following are not considered as knowing a source for condoms: friends, family members, and home

Young people may feel that there are barriers to accessing and using many services and facilities, particularly for sensitive concerns relating to sexual health, including STIs, such as HIV/AIDS. Data in Table 11.23 assesses the degree of reach of HIV testing services among sexually active young people and their awareness of their HIV status. Fewer sexually active men (3 percent) than women (7 percent) reported having an HIV test with test results in the 12 months preceding the survey. Relationship between HIV testing and background characteristics is less straightforward than for other indicators, especially for young women. Twice as many young sexually active women (9 percent) and men (4 percent) age 20-24 reported having an HIV test compared with those age 15-19 (4 and 2 percent, respectively).

Table 11.23 Recent HIV tests among youth				
Among young women and young men age 15-24 who have had sexual intercourse in the past 12 months, the percentage who have had an HIV test in the past 12 months and received the results of the test, by background characteristics, Lesotho 2004				
Background characteristics	Women 15-24 who have had sexual intercourse in past 12 months		Men 15-24 who have had sex had sexual intercourse in past 12 months	
	Percentage who have been tested and received results in the past 12 months	Number of women	Percentage who have been tested and received results in the past 12 months	Number of men
Age				
15-19	4.2	571	1.6	278
15-17	2.1	218	1.6	122
18-19	5.4	353	1.6	156
20-24	8.9	1,049	4.4	366
20-22	10.0	649	3.7	223
23-24	7.0	400	5.5	143
Residence				
Urban	8.9	328	4.4	111
Rural	6.8	1,293	3.0	533
Ecological zone				
Lowlands	8.4	923	3.6	378
Foothills	4.9	197	2.7	70
Mountains	5.7	383	2.4	136
Senqu River Valley	6.5	118	3.3	60
District				
Butha-Buthe	10.0	105	5.7	39
Leribe	5.6	241	5.3	72
Berea	9.5	164	4.2	68
Maseru	7.0	417	3.5	165
Mafeteng	10.3	172	0.3	74
Mohale's Hoek	6.3	161	2.1	85
Quthing	4.4	124	2.4	58
Qacha's Nek	5.6	61	5.9	30
Mokhotlong	6.8	75	(3.1)	25
Thaba-Tseka	6.3	101	(0.0)	27
Education				
No education	(4.5)	18	0.0	58
Primary, incomplete	6.1	947	2.9	376
Primary, complete	8.6	643	4.8	201
Secondary+	*	13	*	9
Knows a condom source¹				
Yes	8.8	1,187	3.9	521
No	2.9	433	0.3	123
Wealth quintile				
Lowest	3.9	273	2.3	85
Second	9.3	333	4.1	133
Middle	9.5	315	1.8	137
Fourth	7.3	376	7.1	137
Highest	5.6	324	0.6	152
Total 15-24	7.2	1,621	3.2	644
Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.				
¹ For the purposes of this table, the following are not considered as knowing a source for condoms: friends, family members, and home				

11.13 ORPHANHOOD AND CHILDREN'S LIVING ARRANGEMENTS

Lesotho has observed an upsurge in the number of orphans resulting from the increase in deaths occasioned from HIV/AIDS-related infections. The 2004 LDHS sought information on orphanhood and fostering. Table 11.24 shows the percent distribution of de jure children under age 18, by children's living arrangements and survival status of parents, according to background characteristics.

Less than half (47 percent) of children under age 18 live with both their parents, while 24 percent live with their mothers but not their fathers, 4 percent live with their fathers but not their mothers, and 26 percent do not live with either of their parents (i.e., they are considered to be "fostered"). There is not much variation observed by district and wealth.

Data on orphaned children (i.e., children under 18 who have lost either one or both of their natural parents) show that 18 percent have lost their fathers only, 4 percent have lost their mothers, and 4 percent have lost both of their biological parents. Altogether, 2 percent of children under 18 have lost one or both parents (i.e., they are considered orphans). There is some variation in orphanhood by district, the highest being Qacha's Nek (31 percent) and the lowest being Butha-Buthe (20 percent).

Table 11.24 Orphanhood and children's living arrangements

Percent distribution of de jure children under age 18 by survival status of parents and children's living arrangements, by background characteristics, Lesotho 2004

Background characteristics	Both parents dead	Mother dead	Father dead	Both parents alive	Missing information on father/mother	Total	Mother, father, or both dead	Not living with either parent	Living with mother	Living with father	Living with both parents	Total	Number of children
Age													
0-1	0.3	0.6	8.9	86.8	3.5	100.0	9.9	5.8	36.9	0.8	56.5	100.0	1,521
2-4	1.3	1.7	13.4	79.7	4.0	100.0	16.7	22.0	25.6	2.2	50.2	100.0	2,485
5-9	3.7	3.5	18.4	70.7	3.7	100.0	26.1	27.3	21.2	3.7	47.8	100.0	4,441
10-14	7.4	5.3	22.0	61.4	4.0	100.0	35.2	32.4	20.9	5.2	41.4	100.0	5,037
0-14	4.2	3.5	17.7	70.7	3.8	100.0	25.9	25.8	23.7	3.7	46.8	100.0	13,483
Sex													
Male	4.6	3.5	17.6	70.4	4.0	100.0	26.1	26.1	23.8	3.6	46.6	100.0	6,805
Female	3.9	3.5	17.9	71.0	3.7	100.0	25.7	25.6	23.6	3.7	47.1	100.0	6,678
Residence													
Urban	3.9	3.5	17.8	68.6	6.2	100.0	25.8	24.1	27.8	4.6	43.5	100.0	1,936
Rural	4.3	3.5	17.7	71.0	3.4	100.0	25.9	26.1	23.0	3.5	47.4	100.0	11,547
Ecological zone													
Lowlands	4.5	3.4	17.3	70.5	4.3	100.0	25.8	25.1	24.7	3.9	46.4	100.0	7,103
Foothills	3.4	3.9	16.7	73.5	2.5	100.0	24.2	24.7	21.4	4.3	49.6	100.0	1,772
Mountains	3.8	3.4	18.6	70.5	3.6	100.0	26.2	27.5	21.9	2.9	47.7	100.0	3,706
Senqu River Valley	5.7	3.6	19.6	67.4	3.7	100.0	29.1	26.7	28.0	3.8	41.5	100.0	901
District													
Butha-Buthe	2.7	3.5	13.2	77.1	3.5	100.0	19.6	25.2	21.2	3.3	50.2	100.0	783
Leribe	3.5	3.5	15.8	74.5	2.8	100.0	23.4	21.2	23.5	3.9	51.4	100.0	1,979
Berea	3.4	2.7	17.0	73.7	3.2	100.0	23.6	25.1	21.9	3.7	49.4	100.0	1,595
Maseru	4.5	3.0	17.6	69.2	5.7	100.0	25.6	26.9	25.0	3.9	44.3	100.0	2,970
Mafeteng	6.0	5.1	19.0	67.8	2.1	100.0	30.4	24.8	24.2	4.6	46.4	100.0	1,411
Mohale's Hoek	5.3	3.8	18.8	67.2	4.9	100.0	28.3	25.7	25.5	3.3	45.5	100.0	1,304
Quthing	5.2	4.0	19.9	69.4	1.5	100.0	29.3	28.4	26.3	4.2	41.0	100.0	964
Qacha's Nek	5.5	3.5	20.9	61.5	8.6	100.0	30.9	31.9	24.3	3.2	40.7	100.0	570
Mokhotlong	2.7	3.6	16.9	73.4	3.4	100.0	23.5	27.3	19.5	2.3	51.0	100.0	827
Thaba-Tseka	3.4	3.2	20.1	70.4	2.8	100.0	26.8	27.5	22.6	3.0	46.9	100.0	1,081
Wealth quintile													
Lowest	5.7	3.9	19.6	67.5	3.3	100.0	29.7	31.4	22.7	3.8	42.1	100.0	2,933
Second	4.3	3.5	18.8	70.3	3.1	100.0	26.8	24.7	26.0	3.0	46.3	100.0	2,840
Middle	4.5	3.0	18.9	68.5	5.1	100.0	26.9	29.7	24.8	3.6	41.9	100.0	2,637
Fourth	3.6	4.2	16.5	71.1	4.5	100.0	24.6	22.9	22.8	4.8	49.5	100.0	2,663
Highest	2.8	2.7	14.4	76.9	3.2	100.0	20.7	19.3	22.0	3.1	55.5	100.0	2,411
Number of children	4.2	3.5	17.7	70.7	3.8	100.0	25.9	25.8	23.7	3.7	46.8	100.0	13,483

Orphans are usually considered to be disadvantaged compared with children whose parents are living. To assess whether orphans are educationally disadvantaged, an indicator was devised that compares the proportion of children age 10-14 who are attending school among those whose parents are both dead to those whose parents are both alive and who are living with one of them. Table 12.25 indicates that 94 percent of children whose parents are both alive and who are living with one or both parents are in school compared with 89 percent of children who have lost both parents ("double orphaned"). The ratio of school attendance among orphaned to non-orphaned children is 1. This implies that there is no appreciable difference in school attendance between orphans and children living with both parents. Interpretation of this index by background characteristics is hampered by small numbers of orphans in many categories.

Table 11.25 Schooling of children 10-14 by orphanhood and living arrangements

Percentage of de jure children age 10-14 who are currently attending school, by orphanhood, living arrangements, and background characteristics, and the ratio of orphans to non-orphans who are in school by background characteristics, Lesotho 2004

Background characteristics	Both parents alive						Mother dead		Father dead		Both parents dead		Mother, father or both dead		Ratio of orphaned to non-orphaned children in school ¹
	Living with at least one parent		Not living with either parent												
	Percent-age attending school	Number	Percent-age attending school	Number	Percent-age attending school	Number	Percent-age attending school	Number	Percent-age attending school	Number	Percent-age attending school	Number			
Sex															
Male	91.1	1,221	78.4	317	87.8	138	82.9	537	84.2	202	83.1	877	0.9		
Female	96.4	1,242	94.4	310	94.8	129	95.3	569	95.1	171	94.3	869	1.0		
Residence															
Urban	98.0	363	94.3	84	88.4	40	94.1	167	97.9	56	92.6	263	1.0		
Rural	93.0	2,100	85.1	543	91.7	227	88.4	939	87.7	317	88.0	1,483	0.9		
Ecological zone															
Lowlands	96.1	1,421	91.7	303	93.4	129	94.2	589	92.5	213	92.7	931	1.0		
Foothills	93.6	339	85.0	82	95.4	44	84.2	124	91.8	35	86.8	203	1.0		
Mountains	87.8	556	76.7	194	87.4	76	81.8	321	77.8	88	81.5	485	0.9		
Senqu River Valley	93.8	147	93.4	48	80.1	17	91.3	72	95.2	37	89.5	126	1.0		
District															
Butha-Buthe	96.6	155	98.1	40	100.0	16	90.4	54	91.4	13	92.4	83	0.9		
Leribe	95.5	426	91.0	58	98.1	41	94.3	149	90.9	42	93.9	232	1.0		
Berea	95.0	316	92.7	77	91.0	17	94.0	126	98.9	40	93.5	184	1.0		
Maseru	95.1	582	87.7	150	88.4	53	90.5	237	91.4	87	89.3	376	1.0		
Mafeteng	96.5	240	90.0	50	94.5	35	91.0	126	87.7	56	90.7	218	0.9		
Mohale's Hoek	89.1	226	81.3	67	86.6	33	85.5	119	88.9	43	84.4	194	1.0		
Quthing	91.3	151	87.5	55	84.8	19	85.0	76	92.9	35	85.7	130	1.0		
Qacha's Nek	92.8	79	78.3	31	82.0	11	82.7	67	72.5	20	80.6	98	0.8		
Mokhotlong	85.4	119	72.5	43	95.1	16	81.7	63	86.5	12	84.7	91	1.0		
Thaba-Tseka	90.5	169	77.6	57	87.9	26	86.7	87	76.3	27	83.4	140	0.8		
Wealth quintile															
Lowest	82.5	420	80.0	178	83.9	68	84.5	257	82.7	100	82.9	425	1.0		
Second	92.8	420	77.8	112	93.5	53	85.9	243	87.6	78	86.2	375	0.9		
Middle	94.4	485	92.1	141	100.0	44	90.4	225	89.8	75	91.1	345	1.0		
Fourth	97.3	546	94.2	99	88.2	64	95.3	213	95.7	68	93.7	345	1.0		
Highest	98.7	591	91.3	98	95.9	37	92.2	168	94.9	51	92.0	256	1.0		
Number of children	93.8	2,463	86.3	627	91.2	267	89.3	1,106	89.2	373	88.7	1,746	1.0		

¹ "Ratio of orphans to non-orphans who are in school," a ratio of columns (9) and (1).

This chapter presents information on HIV testing coverage among eligible survey respondents, the prevalence of HIV among those tested, and the factors associated with HIV infection in the population. The HIV prevalence data provide important information to plan the national response to the AIDS epidemic. The understanding of the distribution of HIV in the population and the analysis of social, biological, and behavioural factors associated with HIV infection offer new insights into the HIV epidemic in Lesotho that will guide more precisely targeted messages and interventions.

In Lesotho, as in most of sub-Saharan Africa with generalized HIV/AIDS epidemics, national HIV prevalence estimates have been derived primarily from sentinel surveillance among pregnant women. HIV Sentinel Surveillance was first established in 1991 at five sites throughout Lesotho. At these sites, blood taken for routine investigations among pregnant women who were presenting for their first visit and among patients with sexually transmitted diseases was anonymously tested for HIV. To reflect recent advances in surveillance methodologies in countries with generalized epidemics, the 2003 HIV Sentinel Survey focused exclusively on pregnant women. The findings from that 2003 survey were the basis for calculating the 2003 national adult prevalence rate of 29 percent. The latest HIV Sentinel survey was conducted over a period of twelve weeks from March to June 2005 at ten sites encompassing the original sites used in previous survey rounds, providing a more representative sample of regions, including urban and rural populations.

While the rate of HIV infection in pregnant women has been shown to be a reasonable proxy for the level in the combined male and female adult population in a number of settings (WHO and UNAIDS, 2000), there are several well recognised limitations in estimating the HIV rate in the general adult population from data derived exclusively from pregnant women attending selected antenatal clinics. The ANC data do not capture any information on HIV prevalence in non-pregnant women, nor in women who either do not attend a clinic for pregnancy care or receive antenatal care at facilities not represented in the surveillance system. Pregnant women are also more at risk for HIV infection than women who may be avoiding both HIV and pregnancy through the use of condoms or women who are less sexually active and are therefore less likely to become pregnant or expose themselves to HIV. There also may be biases in the ANC surveillance data because HIV infection reduces fertility and because knowledge of HIV status may influence fertility choices. Therefore, women of reproductive age who are infertile secondary to HIV cannot be incorporated in the sentinel surveys. Another contributing factor to the selection bias and non-representation of reproductive women in sentinel surveys is the established association between HIV infection and first trimester abortions. The increased rate of first trimester abortions among women at health care facilities in Lesotho is plausibly linked to increased sexually transmitted infections and HIV, which is instrumental to non-participation of the affected women in the HIV sentinel surveys. The rates among pregnant women are not a good proxy for male HIV rates.

Although the information from the ANC surveillance system has been very useful for monitoring trends in HIV levels in Lesotho, the inclusion of HIV testing in the 2004 LDHS offers the opportunity to better understand the magnitude and patterns in the infection level in the general reproductive age population that may not be assessed by routine HIV seroprevalence surveys in Lesotho. The 2004 LDHS results are in turn expected to improve the calibration of the biennial sentinel surveillance data, so that trends in HIV infection can be more accurately measured in the intervals between general population surveys.

12.1 COVERAGE OF HIV TESTING

Table 12.1 presents the coverage rates for HIV testing by the reason for not being tested, according to gender and residence. HIV tests were conducted for 81 percent of the eligible women and 68 percent of the eligible men. For both sexes combined, coverage was 75 percent.

Table 12.1 Coverage of HIV testing by sex, residence, and district													
Percent distribution of women age 15-49 and men age 15-59 eligible for HIV testing by testing status, according to residence and district (unweighted), Lesotho 2004													
Sex/Testing status	Residence		District										Total
	Urban	Rural	Butha-Buthe	Leribe	Berea	Maseru	Mafeteng	Mohale's Hoek	Quthing	Nek	Mokhotlong	Thaba-Tseka	
WOMEN 15-49													
Tested	73.3	83.4	80.3	81.1	80.5	65.0	85.2	82.2	89.7	87.1	84.7	85.0	80.7
Refused	21.7	8.4	12.6	12.3	8.2	24.4	7.8	11.3	3.5	7.0	11.1	11.7	12.0
Absent for testing	1.8	2.7	1.5	2.1	2.1	3.8	3.6	2.8	2.6	1.2	2.0	1.5	2.4
Interviewed in survey	0.2	0.3	0.2	0.0	0.0	1.0	0.0	0.0	0.0	0.4	0.0	0.4	0.2
Not interviewed	1.6	2.4	1.2	2.1	2.1	2.7	3.6	2.8	2.6	0.8	2.0	1.1	2.2
Other/missing	3.3	5.5	5.7	4.5	9.2	6.9	3.4	3.7	4.2	4.7	2.3	1.9	4.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,011	2,747	406	424	390	583	384	432	310	256	307	266	3,758
MEN 15-59													
Tested	60.7	70.2	68.3	65.2	72.0	50.5	75.0	65.4	71.1	82.7	72.1	74.3	68.0
Refused	27.1	13.2	16.7	19.0	10.1	27.8	12.7	21.1	7.0	11.9	15.6	12.8	16.6
Absent for testing	5.1	7.6	5.6	8.0	5.7	7.2	6.9	7.8	11.7	2.2	6.7	7.5	7.0
Interviewed in survey	0.4	0.3	0.3	0.3	0.0	0.8	0.0	0.3	0.8	0.0	0.7	0.0	0.3
Not interviewed	4.7	7.2	5.3	7.8	5.7	6.4	6.9	7.5	10.9	2.2	5.9	7.5	6.6
Other/missing	7.2	8.9	9.4	7.8	12.2	14.5	5.4	5.8	10.2	3.1	5.6	5.3	8.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	791	2,514	360	348	386	503	332	399	256	226	269	226	3,305
TOTAL													
Tested	67.8	77.1	74.7	74.0	76.3	58.3	80.4	74.1	81.3	85.1	78.8	80.1	74.7
Refused	24.0	10.7	14.5	15.3	9.1	26.0	10.1	16.0	5.1	9.3	13.2	12.2	14.1
Absent for testing	3.2	5.0	3.4	4.8	3.9	5.3	5.2	5.2	6.7	1.7	4.2	4.3	4.6
Interviewed in survey	0.3	0.3	0.3	0.1	0.0	0.9	0.0	0.1	0.4	0.2	0.3	0.2	0.3
Not interviewed	2.9	4.7	3.1	4.7	3.9	4.4	5.2	5.1	6.4	1.5	3.8	4.1	4.3
Other/missing	5.0	7.1	7.4	6.0	10.7	10.4	4.3	4.7	6.9	3.9	3.8	3.5	6.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,802	5,261	766	772	776	1,086	716	831	566	482	576	492	7,063

Based on the reason for nonresponse, individuals who were not tested were divided into the following four categories:

- Those who refused testing when asked for informed consent (14 percent, overall)
- Those who were interviewed in the survey, but who were not at home at the time testing was conducted in the household (less than 1 percent)
- Those who were not at home for the testing and were never interviewed (4 percent), and

- Those who were missing test results for some other reason (e.g., a technical problem prevented taking blood) (5 percent).

Refusal is the most important reason for non-response on the HIV testing component among both women (12 percent) and men (17 percent). Absence accounts for more than one-fifth of the male non-response and just over 12 percent of the female non-response.

Table 12.1 shows that rural residents are more likely to be tested than their urban counterparts (77 percent and 68 percent, respectively). There also were strong differences in HIV testing coverage rates by district. Among both sexes, Qacha's Nek had the highest rate of testing (85 percent), followed by Quthing (81 percent), and Thaba-Tseka and Mafeteng (80 percent each). Response rates exceeded 70 percent in all other districts except Maseru (58 percent). Refusal is the primary reason for nonresponse in all districts except Quthing, where the primary reason for nonresponse is absence of respondents.

Table 12.2 shows coverage rates for HIV testing by age group, gender, ecological zone, education, and wealth. If HIV status influenced participation in the testing, coverage would be expected to decline with age because HIV levels increase sharply with age before levelling off or declining at the older ages. For both men and women, the variation in the coverage rate for testing exhibits no clear pattern. The lowest coverage is seen among women 40-44 (76 percent) and among men the same age (61 percent), while the highest is among women 30-34 (85 percent) and among men 50-54 (68 percent).

Among both men and women, those with an incomplete primary education are the most likely to have been tested, while men and women with at least some secondary education were least likely to be tested. Similarly, those in the highest quintile of the wealth index were the least likely to be tested and have the highest levels of refusal (20 percent for women and 27 percent for men).

To further explore whether nonresponse might have an effect on the HIV seroprevalence results, an analysis was undertaken of the relationships between participation in the HIV testing and a number of other characteristics related to HIV risk. The descriptive tables that were examined in that analysis are included in Appendix A (Tables A.3-A.6).

The variation in response rates with these measures is again reassuring, as coverage rates are frequently but not uniformly higher among those groups considered to be at higher risk for HIV. For example, response rates are slightly higher among those who have had sex than among those who have not. Among both women and men, response rates are highest among those who are divorced or separated. Among women, coverage for HIV testing is slightly higher among those who reported having not had any sex in the 12 months preceding the survey than among those who had sex whether higher risk or not. Women who had no sexual partners in the 12 months preceding the survey have higher response rates than those who had multiple partners. The response rate for HIV testing is higher among women who did not use a condom at last higher-risk sexual encounter than those who did.

Among men, the coverage rate for HIV testing is higher among uncircumcised than circumcised men. Different from women, men who had three or more regular or higher-risk sexual partners in the past 12 months have higher response rates than those with one, two, or no partners. Similarly to women, the response rate for HIV testing is higher among men who did not use a condom at last higher-risk sexual encounter than those who did.

Table 12.2 Coverage of HIV testing by background characteristics

Percent distribution of women age 15-49 and men age 15-59 eligible for HIV testing by testing status, according to selected background characteristics (unweighted), Lesotho 2004

Background characteristic	Testing status								Total	Number
	Tested		Refused		Absent for testing		Other/missing			
	Inter-viewed	Not inter-viewed	Inter-viewed	Not inter-viewed	Inter-viewed	Not inter-viewed	Inter-viewed	Not inter-viewed		
WOMEN										
Age										
15-19	80.4	0.3	9.1	1.7	0.1	3.0	3.2	2.3	100.0	947
20-24	82.3	0.4	9.4	0.5	0.3	2.1	2.5	2.4	100.0	752
25-29	76.8	0.2	13.2	1.8	0.2	3.8	2.0	2.0	100.0	551
30-34	85.4	0.2	9.3	0.9	0.2	0.7	2.1	1.2	100.0	432
35-39	80.1	0.8	13.3	1.1	0.0	1.1	1.6	2.1	100.0	376
40-44	76.2	0.3	13.6	0.8	0.5	2.4	3.9	2.4	100.0	382
45-49	80.5	0.0	9.7	1.9	0.6	0.6	5.0	1.6	100.0	318
Ecological zone										
Lowlands	77.7	0.2	13.7	1.1	0.2	2.3	2.8	2.0	100.0	1,673
Foothills	78.0	0.2	9.4	2.3	0.2	3.4	3.0	3.6	100.0	533
Mountains	83.1	0.4	8.5	1.3	0.3	1.9	3.0	1.5	100.0	1,169
Senqu River Valley	86.7	0.8	6.3	0.5	0.3	1.3	2.1	2.1	100.0	383
Education										
No education	78.5	0.9	4.7	2.8	0.0	1.9	0.9	10.3	100.0	107
Primary, incomplete	84.3	0.5	5.7	1.3	0.2	2.4	3.2	2.4	100.0	1,203
Primary, complete	82.8	0.1	9.7	0.9	0.2	1.4	3.2	1.6	100.0	989
Secondary+	75.6	0.3	16.0	1.3	0.3	2.6	2.4	1.5	100.0	1,459
Wealth quintile										
Lowest	91.4	0.0	5.0	0.0	0.2	0.0	3.4	0.0	100.0	582
Second	90.3	0.0	6.1	0.0	0.1	0.0	3.5	0.0	100.0	710
Middle	88.5	0.0	9.5	0.0	0.0	0.0	1.9	0.0	100.0	619
Fourth	83.9	0.0	12.5	0.0	0.7	0.0	2.9	0.0	100.0	728
Highest	76.5	0.0	20.1	0.0	0.2	0.0	3.1	0.0	100.0	899
Total	80.4	0.3	10.7	1.3	0.2	2.2	2.8	2.1	100.0	3,758
MEN										
Age										
15-19	70.3	0.3	10.9	3.6	0.2	6.6	3.3	4.7	100.0	888
20-24	66.6	0.3	11.6	4.1	0.8	7.3	3.9	5.4	100.0	613
25-29	64.8	0.5	14.4	2.7	0.0	9.7	3.6	4.3	100.0	443
30-34	69.5	0.3	14.0	2.2	0.3	6.4	2.0	5.3	100.0	357
35-39	66.4	0.0	16.0	3.7	0.4	7.1	1.5	4.9	100.0	268
40-44	61.4	1.5	17.8	3.6	0.5	6.1	3.0	6.1	100.0	197
45-49	64.8	0.0	19.2	3.1	0.5	2.6	5.2	4.7	100.0	193
50-54	71.7	0.5	11.0	2.1	0.0	5.2	3.7	5.8	100.0	191
55-59	68.4	0.0	13.5	2.6	0.0	1.9	6.5	7.1	100.0	155
Ecological zone										
Lowlands	64.7	0.5	15.9	2.7	0.3	6.9	3.9	5.0	100.0	1,470
Foothills	61.6	0.2	15.1	5.6	0.0	5.6	4.3	7.6	100.0	484
Mountains	71.7	0.3	11.0	2.8	0.4	6.7	2.5	4.4	100.0	1,023
Senqu River Valley	76.5	0.3	5.8	3.7	0.6	6.4	2.4	4.3	100.0	328
Education										
No education	66.6	0.4	10.7	4.3	0.0	7.3	3.3	7.4	100.0	700
Primary, incomplete	71.9	0.4	9.9	3.0	0.4	5.5	3.9	5.0	100.0	1,360
Primary, complete	66.9	0.2	13.6	3.2	0.2	9.1	3.0	3.7	100.0	405
Secondary+	61.8	0.4	20.7	2.9	0.6	6.7	3.0	4.0	100.0	840
Wealth quintile										
Lowest	86.6	0.0	9.6	0.0	0.4	0.0	3.5	0.0	100.0	543
Second	85.4	0.0	11.2	0.0	0.2	0.0	3.3	0.0	100.0	553
Middle	81.9	0.0	13.6	0.0	0.5	0.0	4.0	0.0	100.0	551
Fourth	78.0	0.0	16.4	0.0	0.5	0.0	5.1	0.0	100.0	568
Highest	68.4	0.0	27.0	0.0	0.3	0.0	4.3	0.0	100.0	582
Total	67.6	0.4	13.3	3.3	0.3	6.6	3.4	5.1	100.0	3,305

Note: This table provides data only at the household level.

12.2 HIV PREVALENCE

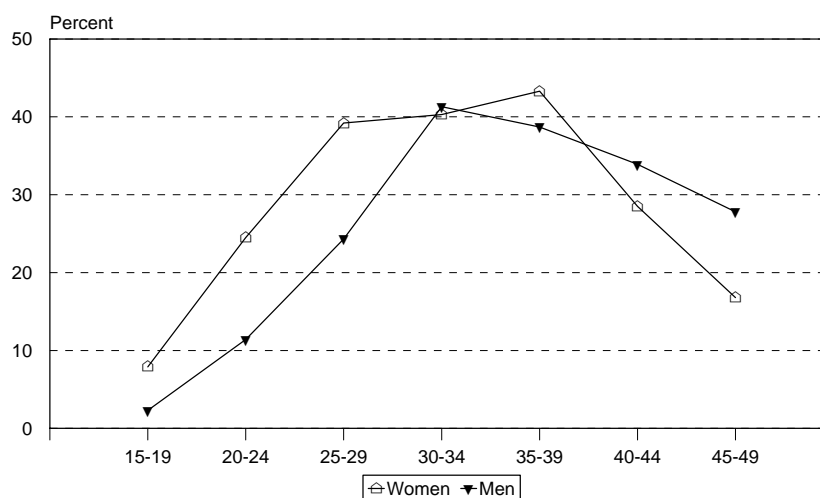
12.2.1 HIV Prevalence by Socioeconomic Characteristics

Results from the 2004 LDHS indicate that 24 percent of adults age 15-49 in Lesotho are infected with HIV (Table 12.3). HIV prevalence in women age 15-49 is 26 percent, while for men 15-59, it is 19 percent. Figure 12.1 shows that, for both sexes, rates of infection rise with age, peaking at 43 percent among women in their late 30s and 41 percent among men age 30-34. HIV prevalence is substantially higher among women than men under age 30, while, at ages 40-49, the pattern reverses and prevalence among men exceeds the level among women.

Age	Women		Men		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
15-19	7.9	729	2.3	615	5.3	1,343
20-24	24.5	613	11.4	411	19.2	1,025
25-29	39.2	446	24.3	300	33.2	746
30-34	40.3	380	41.3	254	40.7	635
35-39	43.3	317	38.7	186	41.6	503
40-44	28.5	300	33.9	127	30.1	427
45-49	16.8	245	27.8	119	20.4	364
50-54	na	na	16.2	139	16.2	139
55-59	na	na	16.6	104	16.6	104
Total age 15-49	26.4	3,031	19.3	2,012	23.5	5,043
Total age 15-59	na	na	18.9	2,255	23.2	5,286

Note: "HIV positive" refers to HIV-1 only.
na = Not applicable

Figure 12.1 HIV Prevalence by Age Group and Sex



LDHS 2004

To evaluate the effects of non-response bias, HIV prevalence rates among non-tested women and men were predicted based on multivariate statistical models derived from information for those who were tested (Mishra et al., 2005). For purposes of this analysis, the nontested groups were divided according to whether they were interviewed in the 2004 LDHS or not. Predictions for the “noninterviewed, nontested” group were based on a limited set of demographic and socioeconomic variables (only from the household questionnaire), while predictions for the “interviewed, nontested” group used additional sociodemographic and behavioural characteristics for which information was obtained in the individual interviews.¹

The results of this analysis show that the predicted HIV prevalence rates among nontested women (26.9 percent) and men (20.3 percent) derived from this analysis are only slightly higher than the prevalence rates observed among tested women (26.4 percent) and men (18.9 percent). Thus, adjusting the observed prevalence rates to take into account the predicted rates among non-tested women and men makes little difference in the rates. The adjusted HIV prevalence rates for all eligible women and men are 26.2 percent and 19.1 percent, respectively, which are well within the error margins of the observed prevalence rates based on tested respondents.

Because few HIV-infected children survive into their teenage years, infected youth represent more recent cases of HIV infection and serve as an important indicator for detecting trends in both prevalence and incidence. Youth are also not likely to have a long-standing history of engaging in behaviour associated with risk of HIV infection. Therefore, the HIV status among youth is a proxy for newly infected individuals. Prevalence among women age 15-24 in the LDHS is 15 percent, compared with 6 percent among men, for an overall prevalence in youth of 11 percent (See Table 12.10).

Table 12.4 presents the variation in HIV rates for women and men age 15-49 with a number of socioeconomic characteristics. Prevalence in urban women is 33 percent compared with 24 percent for rural women, for a 1.4 urban-rural relative risk of HIV infection. The urban-rural differential is somewhat less marked among men: 22 percent of urban men are infected compared with 19 percent of rural men. Differences across the other residential categories are generally not large. Among the four zones, Lowlands has the highest rates of infection for both females and males (28 and 20 percent, respectively). Looking at the districts, Leribe has the highest infection rate among both women and men, while Thaba-Tseka, Mokhotlong, and Mohale’s Hoek have the lowest for women, and Butha-Buthe and Mokhotlong have the lowest for men.

Differences in infection levels are not large across educational categories, although having attended school is related to somewhat lower infection levels among both women and men. One-third of employed women and one-fourth of employed men are HIV infected, compared with 23 percent of unemployed women and 16 percent of unemployed men. The variation between HIV status and wealth is not uniform. The lowest HIV rates for women are found among those in the lowest wealth quintile, while for men the reverse is true.

The variation in HIV levels by religious denomination is not large. For example, among women who profess a religious affiliation, the rate varies from 25 percent for Roman Catholics to 28 percent among Anglicans, while for men it ranges from 17 percent among other Christians to 21 percent among Anglicans. Seventeen percent of men who indicated they have no religion affiliation are HIV positive.

¹ Variables for predicting prevalence in the “not-interviewed, not-tested” group included age, education, wealth index, residence, and geographic region. Additional variables for predicting prevalence in the “interviewed, not-tested” group included marital union, childbirth in last five years (women only), work status, media exposure, religion, circumcision (men only), STI or STI symptoms in last 12 months, alcohol use, cigarette smoking/tobacco use, age at first sex, number of sex partners in last 12 months, condom use at last sex in last 12 months, paid for sex (for men), higher-risk sex in last 12 months, willingness to care for a family member with AIDS, number of times slept away in last 12 months (men only), away for more than one month in last 12 months (men only), and participation in household decisionmaking (women only).

Table 12.4 HIV prevalence by socioeconomic characteristics

Percentage HIV positive among women and men age 15-49 who were tested, by background characteristics, Lesotho 2004

Background characteristic	Women		Men		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Residence						
Urban	33.0	735	22.0	407	29.1	1,142
Rural	24.3	2,295	18.6	1,606	21.9	3,901
Ecological zone						
Lowlands	28.0	1,843	20.4	1,235	25.0	3,078
Foothills	24.2	333	16.9	231	21.2	565
Mountains	23.3	663	17.7	427	21.1	1,090
Senqu River Valley	25.1	192	17.6	119	22.2	311
District						
Butha-Buthe	25.3	195	12.4	128	20.2	323
Leribe	30.6	433	28.3	270	29.7	704
Berea	25.2	356	22.3	269	24.0	625
Maseru	29.9	796	18.8	522	25.5	1,318
Mafeteng	25.8	324	15.6	222	21.6	546
Mohale's Hoek	20.9	298	20.4	204	20.7	502
Quthing	25.7	198	18.9	115	23.2	312
Qacha's Nek	25.2	99	13.9	69	20.6	168
Mokhotlong	20.6	153	13.0	97	17.7	250
Thaba-Tseka	20.5	179	14.5	116	18.2	295
Education						
No education	30.4	70	26.8	312	27.4	382
Primary, incomplete	26.0	941	16.7	879	21.5	1,820
Primary, complete	27.1	793	18.3	280	24.8	1,073
Secondary+	26.0	1,226	19.5	542	24.0	1,768
Respondent currently working						
Currently working	32.8	1,148	25.6	615	30.3	1,763
Not currently working	22.5	1,868	16.3	1,383	19.9	3,251
Wealth quintile						
Lowest	19.6	430	18.3	336	19.0	767
Second	27.9	565	16.8	380	23.4	945
Middle	25.5	543	23.7	425	24.7	967
Fourth	27.3	648	21.6	444	25.0	1,093
Highest	28.9	832	14.8	415	24.2	1,247
Religion						
Roman Catholic Church	25.1	1,321	20.4	926	23.2	2,247
Lesotho Evangelical Church	27.4	645	18.3	449	23.7	1,094
Anglican Church	28.4	292	20.8	170	25.6	463
Other Christian	26.6	724	16.8	336	23.5	1,060
No religion	*	25	16.7	114	19.2	139
Total	26.4	3,031	19.3	2,012	23.5	5,043

Note: "HIV positive" refers to HIV-1 only. Total includes 29 cases missing data on whether currently working. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

12.2.2 HIV Prevalence by Other Sociodemographic Characteristics

HIV prevalence is closely related to marital status among both women and men age 15-49 (Table 12.5). As expected, rates are high among both widows (47 percent) and widowers (38 percent). Levels are also high among those who are divorced or separated (56 percent for women and 36 percent for men). Among currently married women, the rate is 27 percent, somewhat lower than the level among currently married men of 33 percent.

Table 12.5 HIV prevalence by selected sociodemographic characteristics						
Percentage HIV positive among women and men age 15-49 who were tested, by sociodemographic characteristics, Lesotho 2004						
Sociodemographic characteristic	Women		Men		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Marital status						
Currently married/in union	26.9	1,604	32.9	743	28.8	2,346
Widowed	47.3	254	(38.3)	25	46.5	279
Divorced/separated	55.9	181	36.1	83	49.7	264
Never in union	14.9	979	8.7	1,145	11.5	2,125
Ever had sex	24.2	503	11.4	746	16.6	1,249
Never had sex	5.0	477	3.7	400	4.4	876
Type of unions						
In polygynous union	na	na	(32.8)	36	na	na
Not in polygynous union	na	na	32.9	707	na	na
Not currently in union	na	na	11.3	1,270	na	na
Pregnancy status						
Pregnant	23.0	201	na	na	na	na
Not pregnant/not sure	26.7	2,817	na	na	na	na
Times away from home in past 12 months						
None	na	na	18.0	1,136	na	na
1-2	na	na	19.8	313	na	na
3-4	na	na	21.1	208	na	na
5+	na	na	20.7	299	na	na
Away for more than 1 month						
Away for more than 1 month	na	na	21.0	409	na	na
Away for less than 1 month	na	na	19.2	413	na	na
Never away	na	na	18.0	1,136	na	na
Total	26.4	3,031	19.3	2,012	23.5	5,043
Note: "HIV positive" refers to HIV-1 only. Totals include 29 women and men missing data on marital status and 55 men missing data on whether away from home for more than one month. Figures in parentheses are based on 25-49 unweighted cases. na = Not applicable						

HIV rates are lowest for respondents who have never been in union. Among women who are sexually active but have never been in a marital union, prevalence is 24 percent, almost as high as the level found among married women and roughly double the level among males (11 percent) who report they have not yet married but have been sexually active.

Four percent of individuals who say they have never had sex are HIV positive. These findings are likely a result of a number of factors, including reluctance to report sexual activity and nonsexual transmission of AIDS.

Information on the type of marital union is available only for men. The results indicate that the HIV rate for the small number of men reporting a polygynous union is virtually identical to the rate for men in a monogamous union (33 percent each).

HIV prevalence among women who are currently pregnant is 23 percent, slightly lower than the rate among women who are not pregnant or are unsure of their pregnancy status (27 percent). The rate among pregnant women provides a useful benchmark to compare with rates in pregnant women tested during sentinel surveillance.

The survey results show that HIV rates vary slightly with two measures of mobility for men. The HIV prevalence rate increases with the length of stay away from home and the frequency of the times away from home.

12.2.3 HIV Prevalence by Sexual Behaviour

Table 12.6 examines the prevalence of HIV infection by sexual behaviour indicators among respondents who have ever had sexual intercourse. In reviewing these results, it is important to remember that responses about sexual risk behaviours may be subject to reporting bias. Also, a number of the indicators relate to sexual behaviour in the 12 months preceding the survey, so these indicators may not adequately reflect lifetime sexual risk.

For women and especially men, Table 12.6 shows that early sexual debut (younger than age 15) is associated with lower HIV prevalence. HIV prevalence rates generally rise with the age at sexual debut. This pattern is somewhat unexpected in view of the assumption that early sexual debut would be associated with a longer average period of sexual activity and thus, greater exposure to the transmission of the HIV virus. It may reflect the fact that individuals initiating sex at very young ages are concentrated in groups with lower HIV prevalence (e.g., they live in rural areas or are age 40 and older).

The 2004 LDHS respondents were considered to have had a higher-risk sexual encounter if they had had intercourse with a nonmarital, noncohabiting partner. Women who reported they had a higher-risk sexual encounter in the preceding 12 months are somewhat more likely to be HIV infected compared with those who were sexually active but did not have a higher-risk partner (38 and 27 percent, respectively). The opposite was true for men (22 and 28 percent, respectively).

Among women, HIV prevalence tends to increase with the number of sexual partners in the last 12 months. For both men and women, there is no clear pattern between HIV prevalence and number of higher-risk partners. Data for men show that HIV prevalence increases with increasing number of lifetime sexual partners. This information is not available for women.

Among men, those who paid for sex more than 12 months preceding the survey have higher HIV prevalence (45 percent) than either those who have never paid for sex (22 percent), or those who paid for sex in the past 12 months (29 percent).

Table 12.6 HIV prevalence by sexual behaviour

Percentage HIV positive among women and men age 15-49 who ever had sex and were tested for HIV, by sexual behaviour, Lesotho 2004

Sexual behaviour characteristic	Women		Men		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Age at first sex						
< 15	25.4	189	8.1	180	17.0	369
15-17	29.6	980	18.7	562	25.6	1,542
18-19	30.8	689	30.5	350	30.7	1,039
20+	33.2	478	27.5	500	30.2	978
Missing	31.1	216	44.2	21	32.3	237
Higher-risk sexual intercourse in past 12 months						
Had higher-risk sexual intercourse	37.6	783	22.1	921	29.2	1,704
Had sexual intercourse, not higher risk	27.4	1,347	28.3	488	27.6	1,836
No sexual intercourse in past 12 months	26.7	421	15.2	203	23.0	625
Number of sexual partners in past 12 months						
0	27.3	409	14.0	190	23.1	599
1	30.0	1,899	23.8	948	28.0	2,848
2	38.9	217	25.6	338	30.8	555
3+	*	14	22.9	119	26.0	132
Number of higher-risk sexual partners¹ in past 12 months						
0	27.4	1,756	24.3	678	26.5	2,434
1	37.7	705	23.0	613	30.9	1,318
2	32.1	71	19.5	201	22.8	272
3+	*	6	22.3	105	24.9	111
Condom use						
Ever used condom	34.2	1,085	22.7	903	29.0	1,989
Never used condom	27.6	1,466	23.6	709	26.3	2,175
Condom use at last sexual intercourse in past 12 months						
Used condom	36.6	403	7.3	141	29.0	543
Did not use condom	29.9	1,724	*	5	29.8	1,729
Condom use at last higher-risk sexual intercourse in past 12 months						
Used condom	39.0	321	17.7	442	26.7	763
Did not use condom	36.6	462	26.1	479	31.3	941
Number of lifetime partners						
1	na	na	13.5	319	na	na
2-3	na	na	19.7	420	na	na
4-5	na	na	25.6	325	na	na
6-10	na	na	25.7	289	na	na
11-15	na	na	31.2	65	na	na
16-20	na	na	(36.3)	60	na	na
21+	na	na	34.4	67	na	na
Paid for sexual intercourse²						
In past 12 months	na	na	(29.2)	31	na	na
More than 12 months ago	na	na	44.8	73	na	na
Never	na	na	21.8	1,497	na	na
Condom use at last paid sex						
Used condom	na	na	(40.4)	53	na	na
Did not use condom	na	na	39.8	52	na	na
Total 15-49	30.4	2,551	23.1	1,613	27.6	4,164

Note: "HIV positive" refers to HIV-1 only. "Higher-risk sexual intercourse" refers to sexual intercourse with a partner who was not a spouse and who did not live with the respondent. Total includes cases with missing information. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

¹ Partner who was not a spouse, who did not live with the respondent, and who was one of the last three sexual partners in the past 12 months.

² Includes men who reported having a prostitute as one of their last three sexual partners in the past 12 months.

na = Not applicable

Information was obtained in the 2004 LDHS on ever use of condoms and on the use of condoms during the last sexual encounter in the 12 month period preceding the survey. Condoms are an effective way of preventing the transmission of HIV and other STIs. Although this would suggest that HIV rates should be lower among condom users, there are a number of factors that may influence the direction of the relationship. For example, condom use rates may be higher among individuals who are infected because they are seeking to protect an uninfected partner. Also, reported condom use is assumed to be “correct condom use” when in fact it may be incorrect use, and as a result not a protective mechanism against HIV infection. Thus, it is not surprising that the associations between condom use and infection levels are not uniform in Table 12.6. Any condom use and condom use at the most recent sexual encounter are associated with higher levels of HIV infection among women and lower rates among men. There is no association between condom use at the last higher risk sexual encounter and the HIV rate for women, while for men the HIV rate is lower among those who used a condom in the most recent higher-risk encounter than among men who did not use a condom. Condom use is not associated with HIV infection rates among the small number of men who report they paid their partner the last time they had sex.

12.2.4 HIV Prevalence by Other Characteristics Related to HIV Risk

Table 12.7 presents the variation in HIV prevalence with a number of other characteristics related to HIV risk among men and women who have ever had sex. As expected, women and men with a history of an STI or STI symptoms have higher rates of HIV infection than those with none. HIV prevalence is higher among both women and men who report ever drinking alcohol than among those who never drank alcohol. Among women who ever drank, HIV prevalence is higher (43 percent) among those who said they had not drunk in the past three months than among those who had had an alcoholic drink recently (34 percent). Among men who ever drank, the pattern is reversed with men who recently drank (27 percent) having a slightly higher prevalence than those who did not drink alcohol (23 percent) in the past three months.

Both women and men who have been tested for HIV in the past are more likely to be HIV infected than those who have never been tested. Among women who have ever had sex, the level of HIV infection is 39 percent among those who have ever been tested for HIV in the past, compared with 30 percent among those who have never been tested. Among men, 36 percent of those previously tested are HIV positive, compared with 22 percent of those who have never been tested.

Table 12.7 HIV prevalence by other characteristics						
Percentage HIV positive among women and men age 15-49 who ever had sex and were tested, by selected characteristics, Lesotho 2004						
Characteristic	Women		Men		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Sexually transmitted infection in past 12 months						
Had STI or STI symptoms	43.9	416	30.4	216	39.3	631
No STI, no symptoms	27.9	2,099	22.0	1,369	25.6	3,468
Use of alcohol						
Drank alcohol						
In past 3 months	33.9	425	26.8	727	29.4	1,152
Ever, not in past 3 months	42.5	332	23.0	246	34.2	578
Never drank alcohol	27.3	1,765	18.7	624	25.1	2,389
HIV testing status						
Ever tested	38.7	420	36.0	186	37.9	606
Never tested	29.6	1,963	21.6	1,337	26.3	3,300
Total	30.4	2,551	23.1	1,613	27.6	4,164
Note: “HIV positive” refers to HIV-1 only. Totals include 64 cases missing information on presence of an STI or STI symptoms, 44 cases missing information on use of alcohol, and 258 cases missing information on HIV testing status.						

Although the individual's HIV status is associated with prior HIV testing, the above results indicate that many individuals who are HIV positive have not been tested. Table 12.8 shows that nearly four out of five of those infected with HIV (79 percent of infected women and 78 percent of infected men) do not know their HIV status, either because they were never tested or because they were tested and did not receive their results. For women, 17 percent of those who are HIV infected have been tested and know their results for their last test, compared with 10 percent of those who are HIV negative. For men, there is a similar pattern: 16 percent of those who are HIV infected know their results for their last test, compared with 7 percent of those who are HIV negative.

Table 12.8 HIV prevalence by prior HIV testing						
Percent distribution of women and men age 15-49 who were tested, by HIV testing status before the survey, Lesotho 2004						
HIV testing status	Women		Men		Total	
	HIV positive	HIV negative	HIV positive	HIV negative	HIV positive	HIV negative
Ever tested and know results of last test	16.8	9.8	16.2	6.5	16.6	8.4
Ever tested, does not know results	3.6	2.3	1.4	0.9	2.9	1.7
Never tested	75.3	80.4	76.6	85.6	75.7	82.6
Missing	4.4	7.5	5.7	7.0	4.8	7.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	799	2,231	387	1,625	1,187	3,856
Note: "HIV positive" refers to HIV-1 only.						

12.2.5 HIV Prevalence and Male Circumcision

Lack of circumcision is considered a risk factor for HIV infection for men, in part because of physiological differences that increase the susceptibility to HIV infection among uncircumcised men. The 2004 LDHS obtained information on male circumcision status (see Chapter 10), and Table 12.9 examines the relationship between HIV prevalence and male circumcision status.

The relationship between male circumcision and HIV levels in Lesotho does not conform to the expected pattern of higher rates among uncircumcised men than circumcised men. The HIV rate is in fact substantially higher among circumcised men (23 percent) than among men who are not circumcised (15 percent). Moreover, the pattern of higher infection rates among circumcised men compared with uncircumcised men is virtually uniform across the various subgroups for which results are shown in the table. This finding could be explained by the Lesotho custom to conduct male circumcision later in life, when the individuals have already been exposed to the risk of HIV infection. (Additional analysis is necessary to better understand the unexpected pattern in Table 12.9.)

Table 12.9 HIV prevalence by circumcision: men

Among men age 15-59 who were tested for HIV, percentage HIV positive among circumcised and uncircumcised men, according to background characteristics, Lesotho 2004

Background characteristic	Circumcised men		Uncircumcised men	
	Percentage HIV positive	Number	Percentage HIV positive	Number
Age				
15-19	2.5	129	2.3	482
20-24	13.9	219	8.7	189
25-29	24.7	183	24.2	115
30-34	34.4	161	52.8	93
35-39	39.9	113	36.9	73
40-44	33.2	66	(31.2)	55
45-49	26.8	79	(30.8)	39
50-54	26.0	71	6.2	67
55-59	10.4	65	(27.0)	38
Residence				
Urban	28.6	162	17.3	279
Rural	21.8	925	14.5	872
Ecological zone				
Lowlands	25.4	548	16.2	819
Foothills	23.0	155	7.8	100
Mountains	18.9	299	14.9	178
Senqu River Valley	19.2	84	14.4	54
District				
Butha-Buthe	18.5	88	5.3	58
Leribe	34.0	119	22.6	198
Berea	27.4	142	16.9	148
Maseru	22.9	205	14.8	360
Mafeteng	19.7	122	13.2	120
Mohale's Hoek	25.6	129	13.4	98
Quthing	18.8	89	15.3	45
Qacha's Nek	19.2	44	12.2	34
Mokhotlong	14.0	75	7.2	34
Thaba-Tseka	17.3	74	11.1	54
Education				
No education	26.0	311	27.5	85
Primary, incomplete	20.4	515	11.9	474
Primary, complete	25.0	118	13.7	174
Secondary+	22.8	143	17.0	417
Wealth quintile				
Lowest	20.0	269	13.3	113
Second	18.9	247	13.7	183
Middle	28.2	225	18.6	246
Fourth	28.4	199	17.3	291
Highest	18.7	146	12.2	317
Religion				
Roman Catholic Church	22.7	476	17.7	570
Lesotho Evangelical Church	24.4	229	12.3	250
Anglican Church	23.7	91	17.4	107
Other Christian	22.7	211	9.7	176
No religion	17.8	71	(16.7)	46
Total	22.8	1,087	15.2	1,151
Note: "HIV positive" refers to HIV-1 only. Figures in parentheses are based on 25-49 unweighted cases.				

12.2.6 HIV Prevalence and Youth

Generally, cases of HIV infection among youths age 15-24 represent more recent infections and serve as an important indirect measure for assessing trends in incidence. Table 12.10 shows HIV prevalence among youth according to several socioeconomic and risk behaviour indicators. One in nine persons age 15-24 in Lesotho is HIV positive. HIV prevalence among young women is 15 percent while among young men it is 6 percent. The higher prevalence among women compared with men the same age may be because some younger women are in sexual relationships with older men, who are likely to be infected with HIV because of a longer period of exposure. The HIV rate rises rapidly with age among both females and males because the proportion of youth who have initiated sexual activity, and thus become exposed to the possible transmission of the HIV virus, has increased.

Among young women, urban residence is related to higher infection rates than rural residence. Among young men, however, the urban and rural HIV rates are virtually identical, and clearly lower than those for women. Looking at zonal differences in HIV prevalence rates, among young women, prevalence ranges from 13 percent in Mountains to 17 percent in Lowlands, while for young men it ranges from 5 percent in Lowlands to 9 percent in Senqu River Valley.

Youth who have ever been in a marital union are more likely to be HIV positive than other youth. HIV rates do not differ significantly according to whether or not the youth has engaged in higher-risk sex (i.e., sex with a nonmarital, noncohabiting partner) in the past 12 months. HIV prevalence generally rises with the total number of sexual partners the young person has had and the number of higher-risk partners. Ever use of condoms and condom use during the first sexual encounter are associated with higher HIV prevalence, while condom use at the last sexual encounter during the 12 months preceding the survey is related to lower HIV levels.

Table 12.10 HIV prevalence among young people

Percentage HIV positive among women and men age 15-24 who were tested for HIV, by selected characteristics, Lesotho 2004

Background characteristic	Women		Men		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Age						
15-17	6.1	446	0.7	388	3.6	835
18-19	10.7	282	5.1	227	8.2	509
20-22	22.9	421	7.9	259	17.2	680
23-24	27.9	192	17.4	153	23.3	345
Residence						
Urban	21.4	273	4.7	160	15.2	433
Rural	13.9	1,069	6.2	866	10.5	1,935
Ecological zone						
Lowlands	17.0	791	4.6	626	11.5	1,417
Foothills	13.8	154	8.1	124	11.3	278
Mountains	12.9	302	7.7	213	10.8	515
Senqu River Valley	13.5	95	9.3	63	11.8	158
District						
Butha-Buthe	14.8	90	3.5	68	10.0	158
Leribe	21.5	183	7.1	120	15.8	303
Berea	12.1	166	6.9	136	9.7	301
Maseru	18.4	325	6.4	249	13.2	574
Mafeteng	14.8	148	2.6	140	8.9	288
Mohale's Hoek	13.2	138	7.1	113	10.5	251
Quthing	13.8	100	10.5	59	12.6	159
Qacha's Nek	17.1	46	4.1	37	11.4	83
Mokhotlong	6.0	69	5.2	45	5.7	114
Thaba-Tseka	11.4	76	5.3	61	8.7	137
Marital status						
Currently married/in union	19.1	446	19.8	77	19.2	523
Widowed	*	7	*	1	*	9
Divorced/separated	(66.7)	46	*	4	(64.3)	50
Ever had sex	17.2	373	6.1	559	10.5	932
Never had sex	4.7	463	2.8	380	3.9	843
Higher-risk sexual intercourse in last 12 months						
Had higher-risk sex	24.3	307	8.3	488	14.5	795
Had sex, not higher risk	20.4	387	9.7	51	19.2	439
No sex in past 12 months	8.3	648	3.2	486	6.1	1,134
Number of partners in last 12 months¹						
0	8.3	645	3.3	482	6.1	1,127
1	20.7	640	7.7	338	16.2	978
2	41.7	49	9.1	140	17.4	189
3+	*	1	11.5	60	11.5	61
Number of higher-risk sexual partners in last 12 months¹						
0	12.9	1,032	3.9	533	9.8	1,565
1	22.9	278	7.0	307	14.6	586
2	42.2	24	10.6	123	15.7	146
3+	*	0	10.5	57	10.5	57
Any condom use²						
Used condom	23.9	409	8.0	385	16.2	794
Never used condom	11.7	933	4.7	641	8.9	1,574
Condom use at past sex in past 12 months¹						
Used condom at last sex	19.5	175	7.3	141	14.1	315
No condom use at last sex	23.0	515	17.9	5	23.0	520
Condom used at first sexual intercourse¹						
Used condom at first sex intercourse	17.8	229	7.3	141	13.8	370
No condom use at last sexual intercourse	15.0	1,113	5.8	885	10.9	1,998
Total	15.4	1,342	6.0	1,026	11.3	2,368

Note: "HIV positive" refers to HIV-1 only. "Higher-risk sexual intercourse" refers to sexual intercourse with a partner who was not a spouse and who did not live with the respondent. Totals include 12 cases with missing information on marital status, 13 cases missing data on number of partners in past 12 months, and 13 cases missing data in number of higher-risk sexual partners in past 12 months. An asterisk indicates that a figure is based on 25-49 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

¹ Respondents who had sex in the past 12 months

² Respondents who have ever had sex

12.2.7 HIV Prevalence among Cohabiting Couples

Nearly 600 couples were tested for HIV in the 2004 LDHS. Results shown in Table 12.11 indicate that, for 66 percent of cohabiting couples, both partners are HIV negative, while in 20 percent of couples, both partners are HIV positive. Thirteen percent of couples are discordant, that is, one partner is infected and the other not. This means that of couples in which at least one partner is HIV positive, 40 percent are discordant. The variation in the level of couple HIV infection by background characteristics generally conforms to the patterns observed with respect to the variation in individual sero-prevalence rates (e.g., the infection rate is higher among urban than rural couples).

Table 12.11 HIV prevalence among couples

Among cohabiting couples both of whom were tested, percent distribution by results of HIV testing, according to background characteristics, Lesotho 2004

Background characteristic	Both HIV positive	Man positive, woman negative	Woman positive, man negative	Both HIV negative	Total	Number
Woman's age						
15-19	(9.3)	(15.1)	(0.5)	(75.2)	100.0	41
20-29	23.3	9.5	6.5	60.8	100.0	254
30-39	24.2	6.6	4.2	65.0	100.0	168
40-49	11.5	8.9	2.3	77.3	100.0	117
Man's age						
15-19	*	*	*	*	100.0	3
20-29	13.9	11.0	5.6	69.5	100.0	154
30-39	26.8	8.7	5.1	59.4	100.0	216
40-49	23.0	9.6	3.4	63.9	100.0	120
50-59	11.6	4.3	2.9	81.2	100.0	88
Residence						
Urban	34.9	5.6	3.6	55.9	100.0	117
Rural	16.4	9.8	4.8	69.0	100.0	463
Ecological zone						
Lowlands	24.5	6.7	4.5	64.3	100.0	322
Foothills	13.2	12.8	2.3	71.8	100.0	67
Mountains	15.7	12.5	3.8	68.0	100.0	160
Senqu River Valley	13.4	5.2	13.4	68.0	100.0	31
District						
Butha-Buthe	11.6	4.7	5.4	78.3	100.0	33
Leribe	26.5	13.4	6.3	53.8	100.0	83
Berea	18.8	4.7	2.4	74.1	100.0	76
Maseru	26.8	7.3	5.0	61.0	100.0	143
Mafeteng	(20.7)	(5.4)	(1.3)	(72.6)	100.0	46
Mohale's Hoek	20.7	13.7	2.9	62.7	100.0	64
Quthing	(11.5)	(7.7)	(10.4)	(70.5)	100.0	32
Qacha's Nek	14.8	6.8	9.7	68.7	100.0	23
Mokhotlong	7.7	13.8	5.2	73.3	100.0	41
Thaba-Tseka	(14.4)	(10.8)	(0.4)	(74.4)	100.0	39
Woman's education						
No education	*	*	*	*	100.0	20
Primary, incomplete	17.6	9.8	4.7	67.9	100.0	203
Primary, complete	17.7	10.6	3.0	68.7	100.0	181
Secondary+	24.1	6.4	5.4	64.1	100.0	177
Man's education						
No education	10.6	17.2	4.9	67.4	100.0	96
Primary, incomplete	18.0	9.1	2.9	70.0	100.0	231
Primary, complete	11.7	6.9	10.5	70.9	100.0	67
Secondary+	28.8	6.3	4.4	60.5	100.0	90
Wealth quintile						
Lowest	12.0	11.0	4.4	72.6	100.0	121
Second	16.0	8.2	7.9	67.9	100.0	130
Middle	17.2	15.7	3.7	63.4	100.0	102
Fourth	27.2	6.6	1.0	65.2	100.0	118
Highest	29.3	3.7	5.3	61.7	100.0	109
Total	20.2	8.9	4.5	66.4	100.0	580

Note: "HIV positive" refers to HIV-1 only. An asterisk indicates that a figure is based on 25-49 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

Discordance is more common among couples in which the woman or man is age 20-29, rural couples, couples in which the woman lives in Senqu River Valley and the man lives in Mokhotlong, and couples in which the man has a low level of education.

12.2.8 Nutrition Status, Anaemia Level, and HIV Status

As described in Chapter 10, anthropometric measures and anaemia levels were collected for women in the 2004 LDHS. Table 12.12 considers the relationship between the body mass index (BMI) derived from the weight data and a woman's HIV status. The results show only a minor difference in the mean BMI between HIV-positive and HIV-negative women. The percentages of HIV-positive and HIV-negative women falling into specific BMI levels are virtually identical, except for a slightly greater tendency for HIV-positive women to fall into the overweight category and a slightly lower tendency to fall into the obese category compared with HIV-negative women.

Table 12.12 Nutritional status of women by HIV status										
Among women age 15-49, the mean body mass index (BMI) and percentage with specific BMI levels, by the woman's HIV status, Lesotho 2004										
Woman's HIV status	BMI (kg/m ²) ¹								Number of women	
	Mean BMI	18.5-24.9 (normal)	<18.5 (thin)	17.0-18.4 (mildly thin)	16.0-16.9 (moderately thin)	<16.0 (severely thin)	≥25.0 (over-weight or obese)	25.0-29.9 (over-weight)	≥30.0 (obese)	
HIV positive	24.7	53.6	5.5	3.6	1.4	0.5	40.8	27.4	13.4	706
HIV negative	25.0	53.7	5.9	4.1	1.1	0.7	40.5	24.3	16.1	1,986
Total	25.1	52.0	5.7	3.9	1.1	0.7	42.3	26.2	16.1	3,144

Note: "HIV positive" refers to HIV-1 only.
¹ Excludes pregnant women and women with a birth in the past 2 months

Table 12.13 presents women's anaemia level according to their HIV status. Women infected with the HIV virus are more likely to be anaemic than women who are not infected (33 and 22 percent, respectively). The degree of anaemia varies somewhat with the woman's HIV status: 11 percent of HIV-positive women are moderately or severely anaemic compared with 6 percent of HIV-negative women. Although the type or cause of anaemia was not investigated in the 2004 LDHS, this relationship between any anaemia and HIV status is consistent with that between anaemia resulting from chronic disease and HIV status.

Table 12.13 Prevalence of anaemia in women by HIV status					
Percentage of women age 15-49 with anaemia, by HIV status, Lesotho 2004					
Woman's HIV status	Any anaemia	Anaemia status ¹			Number of women
		Mild anaemia	Moderate anaemia	Severe anaemia	
HIV positive	32.6	21.9	9.4	1.2	680
HIV negative	21.8	15.6	5.4	0.8	1,919
Total	24.8	17.4	6.5	0.9	2,703

Note: Table is based on women who stayed in the household the night before the interview. Anaemia prevalence is adjusted for altitude and for smoking status, if known, using CDC formulas (CDC, 1989). Women with <7.0 g/dl of haemoglobin have severe anaemia, women with 7.0-9.9 g/dl have moderate anaemia, and pregnant women with 10.0-10.9 g/dl and nonpregnant women with 10.0-11.9 g/dl have mild anaemia. "HIV positive" refers to HIV-1 only.
¹ For women who are not interviewed, information is taken from the Household Questionnaire

12.2.9 HIV Prevalence and Fertility

HIV infection is assumed to have an inhibiting effect on a woman's fertility. Table 12.14 shows age-specific fertility rates and the total fertility rate according to the women's HIV status. The total fertility rate among HIV-negative women is 3.9 births per woman, 26 percent higher than the rate of 3.1 births among HIV-positive women. Looking at urban-rural residence, rural HIV-positive women have a markedly lower TFR than rural HIV-negative women (3.5 compared with 4.5 births). On the other hand, HIV-positive women living in urban areas have a somewhat higher TFR than urban HIV-negative women (2.2 compared with 2.0 births). Considering the age-specific patterns, fertility is higher among HIV-negative women in all but the youngest and oldest age groups.

Table 12.14 Fertility and HIV status									
Age-specific fertility rates and the total fertility rate (TFR), by urban-rural residence and HIV status, Lesotho 2004									
Age group	HIV status								
	HIV positive			HIV negative			Total		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
15-19	99	101	100	43	112	99	52	111	99
20-24	117	147	137	105	232	202	109	209	182
25-29	123	169	152	96	210	179	109	195	168
30-34	26	126	95	32	157	125	29	145	113
35-39	55	79	72	61	124	108	59	107	94
40-44	22	35	32	59	57	57	50	51	51
45-49	0	36	29	0	15	12	0	18	15
TFR ¹	2.2	3.5	3.1	2.0	4.5	3.9	2.0	4.2	3.6
Note: "HIV positive" refers to HIV-1 only. Rates for age group 45-49 may be slightly biased because of truncation.									
¹ TFR: Total fertility rate for ages 15-49, expressed per woman									

12.2.10 HIV Prevalence and Child Mortality

Table 12.15 shows early childhood mortality rates by mother's HIV status. Except for neonatal mortality, children of mothers who are HIV positive have higher early childhood mortality rates compared with children born to mothers who are HIV negative. For example, child mortality is more than twice as high for children who are born to urban mothers who are HIV positive as children born to urban mothers who are HIV negative. Also, postneonatal mortality for children of rural HIV-positive women is almost twice as high (57 per 1,000) as children of rural women who are HIV negative (29 per 1,000).

Table 12.15 Early childhood mortality rates by mother's current HIV status					
Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by urban-rural residence and mother's current HIV status, Lesotho 2004					
Background characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN) ¹	Infant mortality (₁ q ₀)	Child mortality (₄ q ₁)	Under-five mortality (₅ q ₀)
Urban	23	37	60	34	92
HIV-positive mother	21	41	62	49	108
HIV-negative mother	25	34	59	23	80
Rural	51	36	88	20	106
HIV-positive mother	40	57	97	27	121
HIV-negative mother	55	29	84	18	100
Note: "HIV positive" refers to HIV-1 only.					
¹ Computed as the difference between the infant and neonatal mortality rates					

12.3 DISTRIBUTION OF THE HIV BURDEN IN LESOTHO

An accurate estimation of HIV prevalence is necessary to assess the scope of the AIDS epidemic in Lesotho and to track trends over time. Sentinel surveillance data from ANC clinics and from individuals seeking medical treatment for STIs and other established HIV-associated conditions such as tuberculosis, have been the principal source of information on HIV prevalence in Lesotho.

With the inclusion of HIV testing in the 2004 LDHS, Lesotho has joined several other countries in sub-Saharan Africa in expanding the tools employed in monitoring the scope of the AIDS epidemic to include a nationally representative population-based survey. Ideally, the seroprevalence data from the LDHS survey will be examined and used to create a more accurate set of assumptions to use in estimating prevalence rates from future sentinel surveillance data. Indeed, UNAIDS and WHO suggest that population-based surveys “should definitely be used to calibrate the results of routine surveillance systems” (WHO and UNAIDS, 2000). The availability of population-based seroprevalence data from the 2004 LDHS enhances the body of information available on the HIV/AIDS epidemic in Lesotho.

Dr. Davis Rumisha

This chapter examines awareness factors that influence seeking treatment for tuberculosis and stigma as well as the prevalence of tuberculosis (TB) in Lesotho. The 2004 LDHS asked the same set of questions about TB to both female and male respondents. Hence, comparisons between women and men are possible. There are four sections in this chapter. Section 13.1 addresses the status of TB in Lesotho and worldwide, and discusses the medical aspects of the disease. Section 13.2 examines the level of awareness of women and men of TB itself, its signs and symptoms, cause, mode of transmission, and treatment. Section 13.3 deals with self-reported diagnosis, symptoms, and treatment, and Section 13.4 focuses on stigma issues.

13.1 BACKGROUND ON TUBERCULOSIS

Tuberculosis is one of the ten leading causes of morbidity and mortality in Lesotho, and is a major health problem. TB is primarily caused by bacteria (*Mycobacterium tuberculosis*). The majority of cases are pulmonary, but in about 20 percent of cases, the bacteria disseminate to other areas of the body and are classified as extrapulmonary TB (Shafer et al., 1996) nonpulmonary TB. Transmission is mainly airborne, through the inhalation of bacteria-carrying droplets produced by individuals with active pulmonary TB.

Among people directly exposed to TB, only about 30 percent will actually become infected. In the general population, only about 5 percent of infected persons will develop active primary TB within two years. This activation rate is much higher for both the very young and very old, and for persons with a suppressed immune system (because of HIV infection or other causes). The activation rate is about 40 percent for persons with HIV, thus making TB diagnosis and treatment an important part of health care for HIV-infected individuals. In Lesotho, a TB suspect is any person with a history of cough for two or more weeks. Other symptoms of active primary TB include persistent cough, chest pain, coughing up blood or sputum, fatigue, weight loss, loss of appetite, chills, fever, and nighttime sweating.

In persons who are infected but do not show symptoms of TB, the immune system is able to destroy or “wall off” the TB bacteria. These enclosed bacteria can remain dormant for many years and be reactivated. Risk factors for reactivation include old age, immunosuppression, diabetes, kidney insufficiency, and malnutrition. The reactivation rate is about 5 percent in the general population. Worldwide, two-thirds of untreated smear positive cases will die within five to eight years, the majority within the first two years (Stybo, 1999). The case fatality rate for untreated smear positive TB is about 10 to 15 percent (Rieder, 1999). Case fatality rate for smear-positive TB patients can exceed 10 percent if adherence is low, in cases of HIV co-infection, or in areas with high anti TB drugs resistance (WHO, 2002).

13.2 RESPONDENTS’ KNOWLEDGE OF TUBERCULOSIS

Table 13.1 presents the level of women’s and men’s awareness of TB and the fact that it can be cured, according to age, marital status, residence, ecological zone, district, education, and wealth quintile. The majority of the women and men surveyed (93 percent of women and 89 percent of men) have heard of TB. The proportion of respondents who believe that TB can be cured is somewhat lower: 78 percent for women and 67 percent for men.

Table 13.1 Knowledge of tuberculosis

Percentage of women and men who have heard of tuberculosis and who believe that tuberculosis can be cured, by background characteristics, Lesotho 2004

Background characteristic	Women			Men		
	Has heard of TB	Believes TB can be cured	Number of women	Has heard of TB	Believes TB can be cured	Number of men
Age						
15-19	90.4	65.4	1,710	86.0	57.0	743
20-24	92.3	77.1	1,463	92.1	63.4	507
25-29	94.3	83.2	1,044	91.6	70.4	374
30-34	93.5	81.6	816	89.9	72.9	305
35-39	94.3	88.2	728	90.4	75.3	233
40-44	95.2	84.5	741	84.4	71.3	164
45-49	95.2	85.7	592	91.1	74.0	170
50-54	na	na	na	83.6	68.3	164
55-59	na	na	na	87.2	76.4	137
Marital status						
Never married	93.4	74.6	2,373	87.9	62.4	1,419
Married or living together	92.6	80.1	3,709	89.8	71.1	1,191
Divorced/separated/ widowed	93.7	80.8	1,014	88.5	70.8	184
Residence						
Urban	97.6	92.1	1,682	93.2	83.8	603
Rural	91.6	74.1	5,413	87.6	62.0	2,194
Ecological zone						
Lowlands	96.0	86.8	4,299	90.4	74.9	1,734
Foothills	90.2	70.4	787	85.5	60.5	307
Mountains	86.0	59.0	1,572	84.8	44.8	585
Senqu River Valley	93.8	78.6	437	92.4	69.4	171
District						
Butha-Buthe	95.7	76.1	458	89.6	64.9	182
Leribe	94.6	80.6	1,065	91.5	75.1	393
Berea	96.3	81.1	776	89.8	65.0	350
Maseru	94.9	87.1	1,868	90.9	76.2	741
Mafeteng	91.1	81.8	755	84.0	65.4	297
Mohale's Hoek	90.1	76.2	684	85.7	63.1	281
Quthing	94.0	75.5	461	93.1	65.1	167
Qacha's Nek	85.1	64.1	233	80.4	50.5	99
Mokhotlong	92.0	50.0	360	93.9	42.8	130
Thaba-Tseka	84.5	63.9	435	80.0	47.1	156
Education						
No education	80.9	53.7	145	84.0	49.7	479
Primary, incomplete	87.9	64.6	2,136	85.6	59.2	1,194
Primary, complete	93.8	80.5	1,960	92.8	78.3	352
Secondary+	97.0	88.5	2,854	94.9	83.5	773
Wealth quintile						
Lowest	85.0	55.4	987	83.2	42.1	466
Second	89.1	67.1	1,294	87.2	58.5	514
Middle	92.4	78.5	1,258	88.3	67.1	566
Fourth	95.8	86.3	1,595	90.5	75.6	621
Highest	97.9	90.8	1,962	93.0	82.5	630
Total	93.0	78.3	7,095	88.8	66.7	2,797

na = Not applicable

The level of awareness of TB does not vary much by age or marital status. Looking at residence, rural women (92 percent) and men (88 percent) have a lower level of knowledge about TB than their urban counterparts (98 percent for women and 93 percent for men). TB knowledge does not vary significantly by ecological zone or district. However, the level of knowledge increases with education and wealth quintile for both sexes. Those with no education are least likely to have heard of TB (81 percent among women and 84 percent among men), and those with some secondary or higher education are the most likely (97 percent for women and 95 percent for men). Similarly, the poorest respondents are least likely to have heard of TB (85 percent among women and 83 percent among men), and those in the highest wealth quintile are the most likely (98 percent for women and 93 percent for men).

The percentages believing that TB can be cured increase with age for both women and men. Looking at marital status, respondents who were never married have the lowest level of awareness that TB can be cured compared with other groups (75 percent for women and 62 percent for men). The Mountains zone has the lowest level of respondents who believe TB can be cured (59 percent for women and 45 percent for men), while the Lowlands have the highest (87 percent for women and 75 percent for men). The proportion of respondents who believe that TB can be cured ranges from 50 percent of women and 43 percent of men in Mokhotlong to 87 percent of women and 76 percent of men in Maseru. Again, the level of awareness about the fact that TB can be cured rises significantly with the level of education and wealth quintile. For example, it ranges from 54 percent among women with no education to 89 percent among those with at least some secondary education, and from 50 percent among men with no education to 84 percent among those with at least some secondary education.

The signs and symptoms of TB most commonly reported by women and men (Table 13.2) are coughing for several weeks (51 percent for women and 45 percent for men), weight loss (44 percent for women and 39 percent for men), coughing (28 percent for women and 25 percent for men), night sweating (25 percent for women and 14 percent for men), and loss of appetite (20 percent for women and 13 percent for men). It is worrisome that 16 percent of women and 23 percent of men do not know any of the TB-related symptoms.

Table 13.2 Knowledge of specific symptoms of tuberculosis

Among women and men who have heard of tuberculosis, percentage who cite specific symptoms of TB, Lesotho 2004

Symptom of TB	Women	Men	Total
Coughing	28.0	24.5	27.1
Coughing with sputum	10.0	9.9	10.0
Coughing for several weeks	51.2	45.3	49.6
Fever	4.5	3.1	4.1
Blood in sputum	11.0	9.8	10.6
Loss of appetite	19.8	13.1	18.0
Night sweating	24.5	13.5	21.5
Pain in chest or back	12.5	10.9	12.1
Tiredness/fatigue	8.2	8.0	8.1
Weight loss	43.8	39.1	42.5
Other	4.1	3.6	4.0
Does not know	16.0	22.9	17.9
No symptoms	0.0	0.2	0.1
Number of respondents	6,601	2,484	9,084

Table 13.3 Knowledge of the cause of tuberculosis

Among women and men who have heard of tuberculosis, percentage who cite specific causes of TB, Lesotho 2004

Cause of TB	Women	Men	Total
Microbes/germs/bacteria	6.5	6.6	6.6
Inherited	3.1	2.5	3.0
Lifestyle	1.8	1.6	1.7
Smoking	21.1	29.5	23.4
Alcohol drinking	12.5	12.1	12.4
Exposure to cold temperatures	14.7	12.1	14.0
Dust/pollution	34.7	49.8	38.8
Other	1.7	1.2	1.6
Does not know	41.4	29.3	38.1
Number of respondents	6,601	2,484	9,084

Table 13.3 shows that the reported top-ranking causes of TB are dust or pollution (35 percent among women and 50 percent among men), smoking (21 percent among women and 30 percent among men), and exposure to cold temperatures (15 percent among women and 12 percent among men). It must be noted that the microbes, germs, or bacteria—the real cause of TB—are only cited by 7 percent each of women and men. It is also problematic that 41 percent of women and 29 percent of men do not cite any cause for tuberculosis.

Tables 13.4 1 and 13.4.2 show the percentage of women and men who have heard of TB and who cite specific causes for the infection by background characteristics. Special attention in this analysis is paid to the differentials in the knowledge that TB is caused by microbes, germs, or bacteria. It is clear that both urban women (12 percent) and men (15 percent) are more aware than rural women (5 percent) and men (4 percent) that TB is caused by microorganisms. Among districts, Butha-Buthe and Maseru have the highest proportion of women (12 and 9 percent, respectively) and men (11 percent for each district) who know that TB is caused by microbes, germs, or bacteria. Mokhotlong and Thaba-Tseka (2 percent each)

Table 13.4.1 Knowledge of TB causes and transmission modes by background characteristics: women										
Among women who have heard of tuberculosis, percentage who cite specific causes of TB, by background characteristics, Lesotho 2004										
Background characteristic	Causes									Total
	Microbes/ germs/ bacteria	Inherited	Lifestyle	Smoking	Alcohol drinking	Exposure to cold tempera- tures	Dust/ pollution	Other	Don't know	
Age										
15-19	5.6	1.8	1.7	22.7	12.0	13.0	29.5	1.1	43.9	1,546
20-24	5.5	1.3	2.3	22.7	11.6	13.8	35.5	1.1	42.2	1,351
25-29	7.9	4.0	1.5	22.9	14.8	13.5	39.1	0.7	40.1	984
30-34	7.7	3.6	1.5	19.5	13.5	15.4	35.7	1.9	40.3	763
35-39	7.3	5.2	1.5	21.6	12.6	17.6	39.9	3.0	37.5	687
40-44	5.9	4.7	2.1	17.7	13.0	15.8	32.6	2.7	41.6	705
45-49	7.5	4.4	1.9	15.7	10.0	17.8	34.3	3.2	40.8	564
Marital status										
Never married	8.2	2.9	2.1	24.6	13.0	14.7	33.1	0.9	40.6	2,217
Married or living together	5.6	3.2	1.7	19.4	12.0	13.8	35.6	1.8	42.7	3,435
Divorced/separated/ widowed	6.2	3.2	1.4	19.2	13.0	17.9	35.0	3.3	38.7	950
Residence										
Urban	12.4	6.4	2.8	23.7	15.2	19.0	42.6	1.4	32.4	1,642
Rural	4.6	2.0	1.5	20.2	11.6	13.3	32.1	1.8	44.4	4,959
Ecological zone										
Lowlands	7.7	4.1	2.1	21.4	13.5	16.9	36.1	1.9	39.3	4,129
Foothills	5.2	3.1	1.6	19.5	9.8	13.8	31.8	1.3	45.3	710
Mountains	3.6	0.6	0.8	19.8	9.8	7.6	33.0	1.7	45.7	1,352
Senqu River Valley	7.3	1.2	2.9	25.2	16.2	17.5	31.2	0.6	41.4	410
District										
Butha-Buthe	12.0	3.9	3.1	20.2	9.3	9.1	39.9	0.9	35.4	438
Leribe	7.7	3.7	2.1	18.0	8.9	10.4	40.8	1.3	42.3	1,008
Berea	4.1	4.5	2.4	19.3	11.4	10.7	27.0	1.1	52.4	748
Maseru	9.3	4.4	1.4	24.9	16.2	23.3	39.8	2.0	32.8	1,773
Mafeteng	4.2	3.0	1.5	20.3	15.4	17.3	29.7	2.4	42.2	688
Mohale's Hoek	4.1	1.7	2.5	16.1	8.5	12.9	27.0	2.2	48.0	616
Quthing	7.5	1.3	2.3	24.5	16.3	17.0	31.5	0.2	43.5	433
Qacha's Nek	2.6	0.8	0.2	20.2	10.6	7.9	17.3	1.5	54.3	198
Mokhotlong	2.3	0.4	0.8	26.7	11.4	5.2	37.3	0.2	43.6	331
Thaba-Tseka	2.2	0.0	0.6	17.4	9.4	7.6	35.5	4.7	40.8	368
Education										
No education	1.5	1.4	0.0	14.8	12.9	7.9	21.5	1.9	56.3	118
Primary, incomplete	2.8	1.4	1.0	16.8	10.3	11.6	28.7	2.4	49.7	1,877
Primary, complete	3.4	2.7	2.0	20.9	12.4	13.8	34.1	1.2	44.6	1,839
Secondary+	11.4	4.6	2.3	24.4	14.1	17.7	39.7	1.5	33.0	2,767
Wealth quintile										
Lowest	2.0	0.2	1.3	18.9	9.4	7.4	30.1	2.0	50.8	839
Second	2.5	1.2	0.7	18.6	10.7	11.1	31.0	1.0	47.1	1,153
Middle	4.4	2.7	1.7	20.8	11.9	12.3	31.7	1.7	44.2	1,162
Fourth	6.2	2.7	2.6	20.6	12.3	17.9	34.1	1.8	41.3	1,528
Highest	12.6	6.1	2.2	24.2	15.5	19.0	41.2	1.9	32.2	1,920
Total	6.5	3.1	1.8	21.1	12.5	14.7	34.7	1.7	41.4	6,601

have the lowest proportion of women who know cite bacteria as the cause of TB, while Mafeteng and Mophale's Hoek (1 percent each) have the lowest proportion of men. Women and men with lower levels of education are less aware that TB is caused by bacteria than women and men with at least some secondary education. For example, for women the level of awareness ranges from 2 percent among the uneducated women to 11 percent among those with secondary or higher education. For both women and men, the level of knowledge of the correct cause of TB also increases with wealth quintile. For example, it ranges from 2 percent among men in the lowest quintile to 14 percent among those in the highest.

Table 13.4.2 Knowledge of TB causes and transmission modes by background characteristics: men

Among men who have heard of tuberculosis, percentage who cite specific causes of TB, by background characteristics, Lesotho 2004

Background characteristic	Causes									Total
	Microbes/ germs/ bacteria	Inherited	Lifestyle	Smoking	Alcohol drinking	Exposure to cold tempera- tures	Dust/ pollution	Other	Don't know	
Age										
15-19	6.5	1.7	0.6	29.3	10.8	11.5	38.8	0.5	37.1	640
20-24	3.5	3.0	1.8	32.4	14.9	13.6	45.7	1.7	30.9	467
25-29	9.6	2.5	1.5	35.5	14.1	10.0	46.3	1.2	30.2	343
30-34	3.1	2.7	0.4	29.5	14.2	15.5	56.4	1.3	27.5	274
35-39	8.7	2.1	0.6	30.3	9.8	9.8	62.1	0.5	22.0	210
40-44	5.2	2.9	3.9	25.0	12.4	8.9	56.6	2.7	24.2	138
45-49	13.9	5.3	5.1	22.2	10.6	16.7	54.9	0.9	23.7	155
50-54	5.4	3.2	1.9	19.2	6.4	9.6	62.7	1.8	20.8	137
55-59	8.8	0.8	2.2	26.2	10.0	11.9	67.6	1.3	18.0	119
Marital status										
Never married	6.1	2.9	0.8	30.7	13.0	12.5	43.1	1.0	33.3	1,248
Married or living together	7.8	2.2	2.3	27.9	11.3	11.4	56.0	1.3	25.3	1,070
Divorced/separated/ widowed	2.7	2.3	2.2	30.6	11.3	13.3	59.5	0.8	24.3	163
Residence										
Urban	14.6	3.8	2.0	38.1	19.4	18.9	47.1	1.1	20.5	562
Rural	4.3	2.2	1.4	26.9	10.0	10.1	50.5	1.2	31.9	1,922
Ecological zone										
Lowlands	7.5	3.3	1.9	29.1	13.5	14.1	49.6	1.3	27.8	1,567
Foothills	6.3	1.4	1.4	25.2	7.2	7.6	53.0	0.9	32.5	263
Mountains	3.6	0.8	0.4	31.1	8.1	6.4	49.1	1.2	31.7	496
Senqu River Valley	7.6	2.1	2.3	35.5	18.8	17.2	47.7	0.5	30.8	158
District										
Butha-Buthe	10.7	3.3	1.3	28.2	5.8	6.3	64.3	0.5	20.4	163
Leribe	8.9	3.4	2.8	22.9	9.2	9.8	59.6	1.2	25.8	360
Berea	3.2	3.4	2.1	22.9	10.4	9.1	40.2	1.6	42.9	314
Maseru	11.0	2.4	0.7	35.1	16.0	18.5	50.9	1.3	20.2	674
Mafeteng	1.4	0.8	2.9	29.3	13.7	10.9	44.0	1.8	33.7	250
Mohale's Hoek	1.2	4.3	0.9	24.4	11.1	9.9	40.5	1.2	41.3	241
Quthing	7.4	2.9	3.5	38.9	21.5	20.1	50.1	0.0	30.1	155
Qacha's Nek	5.9	0.5	0.0	25.2	12.9	7.9	33.6	0.5	39.6	80
Mokhotlong	3.7	0.7	0.1	38.5	6.0	5.2	55.8	0.0	27.5	122
Thaba-Tseka	2.6	0.0	0.0	28.4	4.5	5.5	53.8	1.8	28.1	125
Education										
No education	4.4	1.7	1.6	22.2	6.4	6.0	49.5	2.5	34.5	402
Primary, incomplete	2.4	1.8	1.4	26.9	11.4	10.7	46.8	0.6	35.2	1,022
Primary, complete	4.3	3.0	0.5	31.9	16.1	14.6	47.6	0.9	29.4	327
Secondary+	14.7	3.8	2.2	35.9	14.6	16.2	55.1	1.4	18.1	733
Wealth quintile										
Lowest	1.7	1.9	1.1	25.8	7.9	6.4	46.8	1.4	37.6	388
Second	1.6	1.9	2.1	27.3	8.1	8.1	50.0	0.7	33.4	449
Middle	4.7	2.3	1.4	27.7	12.0	11.0	48.0	1.4	32.0	499
Fourth	7.6	1.7	0.7	25.5	13.6	14.5	50.6	1.3	28.8	562
Highest	14.4	4.4	2.5	38.8	16.7	17.5	52.2	1.0	18.9	586
Total	6.6	2.5	1.6	29.5	12.1	12.1	49.8	1.2	29.3	2,484

13.3 SELF-REPORTED DIAGNOSIS, SYMPTOMS, AND TREATMENT

In the 2004 LDHS, respondents were asked if they ever had any of the TB-related symptoms since age 15. Those who reported such symptoms were further asked whether they had seen a health provider for care and treatment and whether they were told they had TB by a health provider the first time they went for a consultation. The results are shown in this section.

Tables 13.5.1 and 13.5.2 and Figure 13.1 show the percentage of respondents who had symptoms of TB since age 15. Seventeen percent of women report having had chest or back pain, 15 percent report having had night sweating, and 14 percent report having had cough for more than two weeks since age 15. Among men, 19 percent report having night sweating, 17 percent report having had chest or back pain, and an equal proportion report having had a cough for two or more weeks. Fifteen percent of men report having had fever for two or more weeks. For both women and men, the experience of TB symptoms is inversely associated with education and the wealth quintile. Furthermore, respondents who sought treatment 2 to 11 months after the onset of symptoms generally represent the group with the highest proportion of such symptoms. Not all respondents with these symptoms are necessarily infected with TB because many other conditions result in similar symptoms.

Table 13.5.1 Experience of symptoms of tuberculosis: women

Percentage of women who have had symptoms of tuberculosis since age 15, by background characteristics, Lesotho 2004

Background characteristic	Cough for 2 weeks or more	Fever for 2 weeks or more	Chest or back pain	Blood in sputum	Night sweating	Number of women
Age						
15-19	11.4	6.7	11.6	1.9	11.1	1,710
20-24	12.9	10.4	17.3	3.1	13.0	1,463
25-29	13.1	11.1	16.7	3.6	17.4	1,044
30-34	16.3	13.3	21.8	6.3	14.9	816
35-39	14.9	13.7	18.8	5.4	15.9	728
40-44	16.3	14.3	22.3	7.1	20.0	741
45-49	16.0	16.1	21.8	5.3	20.2	592
Marital status						
Never married	11.2	6.7	12.9	2.5	10.9	2,373
Married or living together	13.5	12.1	18.3	4.0	15.7	3,709
Divorced/separated/ widowed	20.9	18.0	24.8	8.0	22.3	1,014
Residence						
Urban	11.0	9.3	13.8	3.3	13.5	1,682
Rural	14.6	11.7	18.5	4.3	15.5	5,413
Ecological zone						
Lowlands	12.9	10.6	16.9	3.6	15.2	4,299
Foothills	13.8	12.0	19.3	4.4	13.8	787
Mountains	16.2	12.6	17.9	5.5	15.6	1,572
Senqu River Valley	13.8	10.0	17.3	4.0	13.2	437
District						
Butha-Buthe	9.6	6.7	12.3	3.8	7.4	458
Leribe	11.8	8.9	16.9	4.2	10.9	1,065
Berea	14.7	11.1	15.1	5.3	13.0	776
Maseru	13.7	12.0	20.7	3.3	19.6	1,868
Mafeteng	11.5	8.6	14.7	2.5	11.6	755
Mohale's Hoek	19.5	17.6	21.3	5.0	23.0	684
Quthing	14.1	9.5	15.6	3.6	12.6	461
Qacha's Nek	18.5	15.1	18.3	4.8	16.4	233
Mokhotlong	10.2	4.4	6.6	2.3	3.4	360
Thaba-Tseka	16.6	17.5	22.5	8.5	22.2	435
Education						
No education	24.1	18.0	27.7	11.5	23.5	145
Primary, incomplete	17.5	15.3	21.3	6.2	20.2	2,136
Primary, complete	13.4	11.7	18.9	3.4	15.6	1,960
Secondary+	10.7	7.4	12.9	2.6	10.3	2,854
How soon after symptoms was treatment sought						
0-7 days	52.1	43.6	68.8	16.4	54.5	708
2-4 weeks	74.8	59.1	71.9	19.9	61.3	311
2-11 months	69.6	63.1	88.4	33.8	74.0	59
1 or more years	5.6	4.4	7.8	1.5	7.4	6,017
Wealth quintile						
Lowest	18.5	15.6	22.9	5.8	19.7	987
Second	16.8	13.9	20.6	5.5	17.0	1,294
Middle	15.2	12.1	18.5	4.3	15.8	1,258
Fourth	12.4	9.2	15.7	2.6	13.9	1,595
Highest	9.6	8.2	13.2	3.4	11.7	1,962
Total	13.8	11.2	17.4	4.1	15.0	7,095

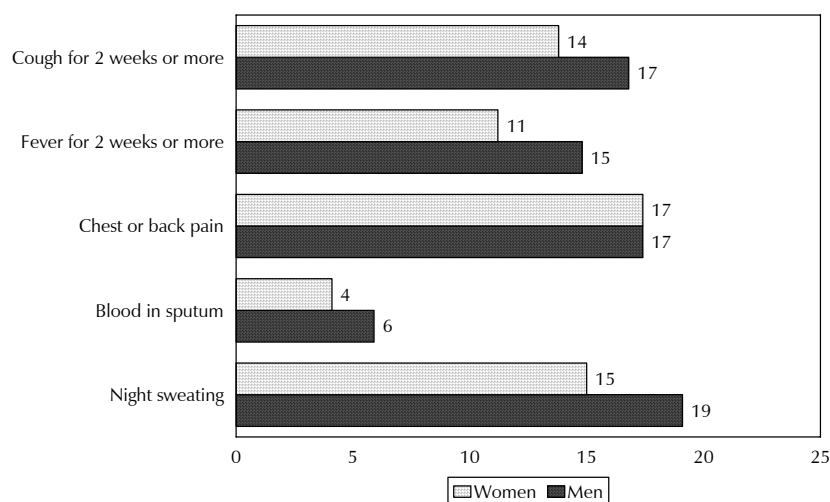
Table 13.5.2 Experience of symptoms of tuberculosis: men

Percentage of men who have had symptoms of tuberculosis since age 15, by background characteristics, Lesotho 2004

Background characteristic	Cough for 2 weeks or more	Fever for 2 weeks or more	Chest or back pain	Blood in sputum	Night sweating	Number of men
Age						
15-19	12.4	10.1	11.5	2.8	13.3	743
20-24	14.3	8.6	14.3	4.0	14.9	507
25-29	16.4	14.3	15.6	3.2	19.2	374
30-34	19.6	20.0	18.9	7.9	24.5	305
35-39	13.7	14.0	17.1	6.8	20.7	233
40-44	17.7	20.6	30.0	7.2	26.9	164
45-49	21.1	19.3	22.9	9.0	19.1	170
50-54	27.2	27.8	30.3	16.8	35.2	164
55-59	30.1	26.5	25.3	13.2	22.9	137
Marital status						
Never married	13.7	10.8	12.3	3.8	15.6	1,419
Married or living together	19.0	18.6	21.6	8.2	21.7	1,191
Divorced/separated/ widowed	25.7	21.3	28.6	7.7	29.8	184
Residence						
Urban	14.8	12.1	14.4	4.3	17.6	603
Rural	17.3	15.6	18.2	6.4	19.5	2,194
Ecological zone						
Lowlands	15.8	14.5	16.0	5.2	19.3	1,734
Foothills	19.5	15.9	19.1	8.1	17.9	307
Mountains	18.2	16.1	20.3	7.1	20.7	585
Senqu River Valley	16.3	11.9	18.0	5.5	14.1	171
District						
Butha-Buthe	11.7	10.5	12.9	6.8	10.7	182
Leribe	14.3	13.9	14.7	6.8	14.8	393
Berea	17.1	17.5	14.4	4.7	16.1	350
Maseru	18.0	15.5	19.1	5.4	24.9	741
Mafeteng	14.2	8.2	12.3	5.5	12.3	297
Mohale's Hoek	20.8	19.9	27.3	6.4	27.7	281
Quthing	16.5	12.4	17.9	4.9	14.6	167
Qacha's Nek	23.1	19.6	22.4	9.8	20.4	99
Mokhotlong	11.6	4.4	5.6	4.2	5.1	130
Thaba-Tseka	20.2	24.7	25.8	7.9	32.6	156
Education						
No education	21.9	20.8	22.6	9.9	22.9	479
Primary, incomplete	20.1	17.0	19.1	6.8	21.1	1,194
Primary, complete	14.3	13.8	16.3	5.1	17.6	352
Secondary+	9.6	8.2	11.9	2.5	14.5	773
How soon after symptoms was treatment sought						
0-7 days	63.7	57.1	71.8	22.8	69.8	264
2-4 weeks	81.3	71.2	78.8	36.0	72.7	106
2-11 months	(89.2)	(66.2)	(94.5)	(61.8)	(75.4)	29
1 or more years	7.9	7.1	7.8	2.1	10.5	2,399
Wealth quintile						
Lowest	23.9	20.2	24.6	10.5	23.4	466
Second	19.0	18.3	19.5	6.6	21.4	514
Middle	15.5	14.3	18.7	6.8	20.0	566
Fourth	16.1	12.9	15.2	4.0	16.9	621
Highest	11.4	10.4	11.3	3.1	15.4	630
Total	16.8	14.8	17.4	5.9	19.1	2,797

Note: Figures in parentheses are based on 25-49 unweighted cases.

Figure 13.1 Percentage of Women and Men Who Had Symptoms of Tuberculosis Since Age 15



LDHS 2004

Tables 13.6.1 and 13.6.2 show that 61 percent of women and 55 percent of men who have had a symptom of TB since age 15 sought consultation or treatment for the symptom(s). The percentage seeking consultation or treatment for both sexes is lowest for those who have never been married and it increases with age, education, and wealth quintile. Urban residents are more likely to seek consultation or treatment (69 percent of women and 63 percent of men) than their rural counterparts (59 percent of women and 53 percent of men). Among women, Mphahle's Hoek shows the highest percentage (71 percent) seeking treatment and Mphahlelong (38 percent) the lowest. Among men, Butha-Buthe has the highest proportion (68 percent), while Mphahlelong has the lowest (35 percent). Women and men who are either currently working or who have worked sometime in the past year are more likely than those who have not worked in more than 12 months to seek consultation or treatment.

Among women and men, the most commonly reported reason for not seeking care or treatment for TB symptoms is that symptoms were harmless (17 percent for women and 27 percent for men) and cost (18 percent of women and 13 percent of men).

Table 13.6.1 Reasons for not seeking treatment for symptoms of tuberculosis: women

Percentage of women who have had symptoms of tuberculosis since age 15, by whether they sought treatment for the symptoms and by reason for not seeking treatment, according to background characteristics, Lesotho 2004

Background characteristic	Percentage who sought consultation or treatment	Reason for not seeking consultation/treatment						Total	Number of women
		Symptoms harmless	Cost	Distance	Embarrassed	Self medication	Don't know/other		
Age									
15-19	50.1	24.4	22.5	0.0	0.6	0.2	2.2	100.0	347
20-24	58.5	19.2	16.9	2.2	0.1	0.1	2.4	100.0	357
25-29	63.0	18.8	13.1	0.3	0.0	0.6	3.6	100.0	267
30-34	66.3	16.6	13.4	0.7	1.9	0.0	1.2	100.0	231
35-39	76.0	7.8	14.7	0.9	0.0	0.0	0.6	100.0	187
40-44	63.0	13.4	20.4	0.9	0.6	0.0	1.7	100.0	228
45-49	60.6	13.7	21.1	1.7	0.0	0.4	2.5	100.0	180
Marital status									
Never married	56.5	24.3	16.9	0.2	0.4	0.0	1.1	100.0	496
Married or living together	62.3	15.5	17.6	1.5	0.2	0.3	2.5	100.0	958
Divorced/separated/widowed	64.6	12.2	18.5	0.5	1.3	0.3	2.3	100.0	344
Residence									
Urban	68.8	20.7	6.6	0.5	1.4	0.3	1.2	100.0	354
Rural	59.3	16.5	20.3	1.1	0.2	0.2	2.3	100.0	1,443
Ecological zone									
Lowlands	64.0	16.1	16.0	0.5	0.8	0.1	2.2	100.0	1,047
Foothills	55.6	19.6	21.3	1.2	0.0	0.4	1.8	100.0	209
Mountains	58.2	15.1	21.6	2.3	0.0	0.4	2.5	100.0	427
Senqu River Valley	56.2	32.8	10.3	0.0	0.0	0.0	0.8	100.0	114
District									
Butha-Buthe	65.5	20.0	12.4	0.0	0.6	0.3	1.3	100.0	76
Leribe	65.7	16.3	16.2	0.4	0.0	0.7	0.7	100.0	250
Berea	60.3	10.5	22.0	1.0	0.0	0.0	6.2	100.0	168
Maseru	57.4	22.3	15.6	0.9	1.2	0.0	2.2	100.0	553
Mafeteng	66.4	9.9	17.6	0.9	0.9	0.0	3.1	100.0	158
Mohale's Hoek	70.8	8.9	17.9	1.1	0.0	0.4	1.0	100.0	223
Quthing	55.7	34.1	9.5	0.7	0.0	0.0	0.0	100.0	116
Qacha's Nek	63.2	17.9	13.3	2.6	0.0	0.0	3.0	100.0	64
Mokhotlong	37.6	20.1	40.3	0.0	0.0	1.9	0.0	100.0	42
Thaba-Tseka	55.8	13.3	26.6	2.2	0.0	0.0	2.2	100.0	146
Education									
No education	57.3	11.8	24.6	3.8	0.0	2.5	0.0	100.0	49
Primary, incomplete	55.5	16.3	24.0	1.2	0.0	0.3	2.7	100.0	667
Primary, complete	63.0	14.8	17.5	0.6	0.5	0.1	3.1	100.0	497
Secondary+	66.4	21.1	9.8	0.7	1.0	0.0	0.8	100.0	584
Employment status									
Currently working	65.5	15.8	16.0	0.6	0.2	0.1	1.8	100.0	722
Currently not working but worked in past 12 months	69.0	14.4	10.0	1.2	1.3	0.5	2.7	100.0	164
Haven't worked in more than 12 months	56.3	19.1	20.2	1.2	0.5	0.2	2.2	100.0	911
Wealth quintile									
Lowest	54.8	14.1	25.2	3.0	0.0	0.7	2.2	100.0	325
Second	55.3	17.7	25.0	0.0	0.0	0.1	1.9	100.0	372
Middle	60.9	15.7	17.2	1.0	0.8	0.0	4.4	100.0	327
Fourth	66.2	16.9	14.5	0.6	0.0	0.0	1.4	100.0	382
Highest	67.2	21.6	7.6	0.4	1.5	0.2	1.0	100.0	392
Total	61.1	17.3	17.6	0.9	0.5	0.2	2.1	100.0	1,798

Table 13.6.2 Reasons for not seeking treatment for symptoms of tuberculosis: men

Percentage of men who have had symptoms of tuberculosis since age 15, by whether they sought treatment for the symptoms and by reason for not seeking treatment, according to background characteristics, Lesotho 2004

Background characteristic	Percentage who sought consultation or treatment	Reason for not seeking consultation/treatment					Total	Number of men
		Symptoms harmless	Cost	Distance	Embarrassed	Don't know/ other		
Age								
15-19	31.5	46.7	14.9	0.0	1.5	5.3	100.0	153
20-24	48.3	35.4	9.8	3.7	0.0	2.8	100.0	116
25-29	61.5	22.7	9.4	0.9	0.0	5.4	100.0	89
30-34	62.3	27.5	4.6	0.2	0.0	3.8	100.0	91
35-39	74.0	11.4	12.8	0.0	0.0	1.8	100.0	55
40-44	67.3	16.4	16.3	0.0	0.0	0.0	100.0	56
45-49	60.6	19.7	13.2	0.0	0.0	4.0	100.0	55
50-54	61.9	14.1	20.7	0.0	0.0	3.4	100.0	64
55-59	(69.9)	(8.0)	(16.4)	(0.0)	(0.0)	(5.7)	100.0	49
Marital status								
Never married	40.0	40.5	12.8	1.0	0.7	4.4	100.0	312
Married or living together	67.0	17.4	11.4	0.6	0.0	3.1	100.0	346
Divorced/separated/ widowed	62.9	15.0	17.4	0.0	0.0	4.7	100.0	69
Residence								
Urban	63.2	25.9	7.8	0.0	0.0	3.1	100.0	136
Rural	53.2	27.3	13.7	0.9	0.4	4.0	100.0	592
Ecological zone								
Lowlands	56.1	27.0	11.8	0.3	0.0	4.0	100.0	428
Foothills	57.7	22.7	10.6	0.0	1.4	7.6	100.0	90
Mountains	50.0	28.5	16.4	2.2	0.6	2.2	100.0	169
Senqu River Valley	59.8	31.0	8.7	0.5	0.0	0.0	100.0	41
District								
Butha-Buthe	67.9	16.3	7.1	0.0	0.0	8.6	100.0	30
Leribe	58.8	18.2	15.5	0.0	0.0	7.4	100.0	86
Berea	56.1	24.7	12.6	0.0	0.0	6.6	100.0	82
Maseru	54.9	30.9	8.2	0.4	0.6	5.0	100.0	216
Mafeteng	48.4	25.9	19.2	2.1	0.0	0.0	100.0	64
Mohale's Hoek	64.0	24.2	11.1	0.0	0.0	0.7	100.0	104
Quthing	(52.3)	(32.6)	(15.1)	(0.0)	(0.0)	(0.0)	100.0	39
Qacha's Nek	(56.2)	(30.5)	(11.8)	(0.8)	(0.0)	(0.7)	100.0	28
Mokhotlong	(34.6)	(39.3)	(17.4)	(4.4)	(0.0)	(4.4)	100.0	17
Thaba-Tseka	42.1	31.7	19.1	3.4	1.7	1.7	100.0	62
Education								
No education	53.9	19.7	19.4	2.1	0.0	4.9	100.0	150
Primary, incomplete	55.4	25.9	13.5	0.6	0.6	3.2	100.0	351
Primary, complete	60.9	26.1	9.5	0.0	0.0	3.5	100.0	86
Secondary+	52.1	38.4	5.0	0.0	0.0	4.3	100.0	142
Employment status								
Currently working	62.7	24.2	9.6	0.8	0.0	2.1	100.0	245
Currently not working but worked in past 12 months	59.1	17.2	19.3	0.2	0.0	4.3	100.0	112
Haven't worked in more than 12 months	49.7	30.7	12.6	0.9	0.6	5.0	100.0	357
Wealth quintile								
Lowest	48.9	27.5	17.4	2.3	0.7	3.2	100.0	160
Second	59.2	20.7	13.5	1.0	0.0	5.6	100.0	143
Middle	51.9	27.8	13.7	0.1	0.0	5.6	100.0	155
Fourth	59.4	26.7	12.0	0.0	0.0	1.9	100.0	150
Highest	57.3	33.5	4.4	0.0	1.0	2.6	100.0	121
Total	55.1	27.1	12.6	0.7	0.3	3.8	100.0	728

Note: Figures in parentheses are based on 25-49 unweighted cases.

Table 13.7 shows that 9 percent of women and 17 percent of men reported that they had been told by a doctor or a health provider that they had TB. Urban respondents are significantly more likely to be diagnosed with TB (14 percent for women and 24 percent for men) than rural respondents (8 percent for women and 15 percent for men). Women and men who are currently unemployed but worked in the past 12 months are more likely to be diagnosed with TB than those who are currently working or have not worked in more than 12 months. HIV-positive respondents report much higher rates of TB (18 percent of women and 27 percent of men) compared with HIV-negative respondents (10 percent of women and 15 percent of men). Differentials by other background characteristics are not pronounced.

13.4 WILLINGNESS TO WORK WITH SOMEONE WHO HAS PREVIOUSLY BEEN TREATED FOR TUBERCULOSIS

Eighty-five percent of women and 79 percent of men who have heard of TB say they are willing to work with someone who has previously been treated for TB (Table 13.8). While no strong differentials exist by marital status, substantial differences are evident by age, residence, district, education, and wealth quintile. Older respondents are more likely than younger respondents to be willing to work with someone who has had TB. Urban women and men are more likely to be willing to do so than their rural counterparts. Mokhotlong has the lowest level of acceptance among women and men (64 percent each), while Maseru has the highest (90 percent among women and 88 percent among men). The higher the respondent's level of education and wealth quintile, the greater the percentage willing to work with a treated TB patient.

Table 13.7 Diagnosis of tuberculosis

Among women and men who have had any of the specific symptoms of TB since age 15, percentage who were diagnosed with TB in their first consultation with a health provider, by background characteristics, Lesotho 2004

Background characteristic	Women		Men	
	Percentage diagnosed with TB in the first consultation	Number with TB-specific symptoms	Percentage diagnosed with TB in the first consultation	Number with TB-specific symptoms
Age				
15-19	3.3	347	2.6	153
20-24	6.6	357	3.6	116
25-29	10.7	267	21.5	89
30-34	9.8	231	20.4	91
35-39	20.9	187	24.5	55
40-44	10.9	228	30.9	56
45-49	10.3	180	19.4	55
50-54	na	na	34.4	64
55-59	na	na	(27.3)	49
Marital status				
Never married	6.7	496	8.5	312
Married or living together	8.1	958	24.7	346
Divorced/separated/widowed	16.9	344	15.4	69
Residence				
Urban	14.3	354	23.8	136
Rural	8.2	1,443	15.2	592
Ecological zone				
Lowlands	9.9	1,047	19.2	428
Foothills	6.4	209	17.7	90
Mountains	9.3	427	10.1	169
Senqu River Valley	10.5	114	18.6	41
District				
Butha-Butha	10.5	76	29.1	30
Leribe	8.1	250	12.9	86
Berea	10.9	168	22.4	82
Maseru	9.1	553	18.7	216
Mafeteng	9.7	158	17.3	64
Mohale's Hoek	10.3	223	13.4	104
Quthing	10.0	116	(15.1)	39
Qacha's Nek	15.2	64	(24.7)	28
Mokhotlong	7.2	42	(10.3)	17
Thaba-Tseka	6.2	146	7.5	62
HIV test results				
Positive	17.5	153	27.0	129
Negative	9.8	306	14.8	292
Not tested	9.2	481	11.6	385
Education				
No education	18.7	49	17.4	150
Primary, incomplete	7.9	667	16.8	351
Primary, complete	10.0	497	14.7	86
Secondary+	9.8	584	17.7	142
Employment status				
Currently working	9.4	722	18.1	245
Currently not working but worked in the past 12 months	12.6	164	25.7	112
Haven't worked in more than 12 months	8.8	911	13.9	357
Wealth quintile				
Lowest	6.6	325	14.6	160
Second	11.3	372	13.7	143
Middle	9.5	327	18.0	155
Fourth	7.4	382	21.1	150
Highest	11.8	392	16.7	121
Total	9.4	1,798	16.9	728

Note: Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable

Table 13.8 Positive attitudes towards those with TB

Percentage of women and men who have heard of tuberculosis who are willing to work with someone who has previously been treated for tuberculosis, according to background characteristics, Lesotho 2004

Background characteristic	Women		Men	
	Percentage	Number	Percentage	Number
Age				
15-19	76.7	1,546	70.2	640
20-24	83.9	1,351	76.9	467
25-29	87.8	984	82.0	343
30-34	89.9	763	84.0	274
35-39	90.4	687	89.2	210
40-44	87.6	705	88.9	138
45-49	88.7	564	82.5	155
50-54	na	na	74.2	137
55-59	na	na	89.2	119
Marital status				
Never married	83.0	2,217	75.6	1,248
Married or living together	85.7	3,435	83.1	1,070
Divorced/separated/ widowed	86.7	950	80.7	163
Residence				
Urban	94.0	1,642	92.5	562
Rural	82.0	4,959	75.3	1,922
Ecological zone				
Lowlands	90.2	4,129	85.1	1,567
Foothills	78.0	710	74.2	263
Mountains	72.3	1,352	62.9	496
Senqu River Valley	86.0	410	80.2	158
District				
Butha-Buthe	82.4	438	74.0	163
Leribe	89.0	1,008	83.2	360
Berea	87.5	748	83.3	314
Maseru	90.4	1,773	87.7	674
Mafeteng	86.3	688	72.5	250
Mohale's Hoek	80.5	616	74.0	241
Quthing	83.4	433	77.3	155
Qacha's Nek	74.8	198	65.1	80
Mokhotlong	64.4	331	63.6	122
Thaba-Tseka	76.5	368	67.8	125
Education				
No education	63.7	118	64.0	402
Primary, incomplete	72.2	1,877	73.6	1,022
Primary, complete	86.5	1,839	87.9	327
Secondary+	93.5	2,767	91.4	733
Wealth quintile				
Lowest	66.4	839	60.6	388
Second	76.4	1,153	72.1	449
Middle	87.8	1,162	80.3	499
Fourth	89.2	1,528	83.0	562
Highest	93.1	1,920	92.2	586
Total	85.0	6,601	79.2	2,484

na = Not applicable

This chapter presents information on overall adult mortality and maternal mortality in Lesotho. Mortality levels and trends provide a good measure of the health status of the population and are an indicator for national development. Studies have shown that improvement in economic performance is related to decline in mortality.

The study of adult mortality in Lesotho is more complicated than research on child mortality for a number of reasons. First, while early childhood mortality can be estimated through the birth history approach, there is no equivalent in adult mortality measurement. Second, death rates are much lower at adult ages than at childhood, so estimates for particular age groups can be distorted by sampling errors. Third, there is usually limited information available about the characteristics of those who have died. While the same can be said about data on childhood mortality, it is reasonable to expect the characteristics of parents to influence directly their children's chances of survival.

14.1 DATA

To estimate adult mortality, the 2004 LDHS included a sibling survival history in the Woman's Questionnaire. A series of questions were asked about all of the respondent's brothers and sisters and their survival status. These data allow direct estimation of overall adult mortality (by age and sex) and maternal mortality.

Survival of siblings (i.e., biological brothers and sisters) is a useful method for collecting information on adult mortality. Each female respondent was asked to record a list of all children born to her biological mother, including all siblings who were still alive and those who had died. For brothers and sisters who were alive, only the age at the last birthday was asked. For those who had died, the number of years since death and age at death were asked. For sisters who had died at age 12 years or older, three additional questions were asked to determine whether the death was maternity-related: "Was [NAME OF SISTER] pregnant when she died?" and, if negative, "Did she die during childbirth?" and, if negative, "Did she die within two months after the end of a pregnancy or childbirth?"

Adult and maternal mortality estimation requires accurate reporting of the number of siblings the respondent ever had, the number who died, and the number of sisters who have died of maternal-related causes (for maternal mortality). Although there is no definitive procedure for establishing the completeness of retrospective data on sibling survivorship, Table 14.1 presents several indicators that can be used to measure the quality of sibling survivorship data.

The data do not show any obvious defects that would indicate poor data quality or significant underreporting. A total of 33,724 siblings was recorded in the maternal mortality section of the 2004 LDHS questionnaires. The sex ratio of the enumerated siblings (the ratio of brothers to sisters) is 1.04. The survival status for only 39 (less than 1 percent) of the siblings was not reported. For the surviving siblings, current age was not reported for only 186 (1 percent). Among deceased siblings, both

the age at death and years since death were missing for 2 percent. Rather than exclude the siblings with missing data from further analysis, information on the birth order of siblings in conjunction with other information was used to impute the missing data.¹ The sibling survivorship data, including cases with imputed values, have been used in the direct estimation of adult and maternal mortality.

Table 14.1 Data on siblings						
Number of siblings reported by survey respondents and completeness of the reported data on age, age at death (AD), and years since death (YSD), Lesotho 2004						
Sibling status and completeness of reporting	Females		Males		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
All siblings	16,567	100.0	17,157	100.0	33,724	100.0
Surviving	13,594	82.1	13,470	78.5	27,064	80.3
Deceased	2,956	17.8	3,664	21.4	6,620	19.6
Missing information	17	0.1	22	0.1	39	0.1
Surviving siblings	13,594	100.0	13,470	100.0	27,064	100.0
Age reported	13,504	99.3	13,375	99.3	26,879	99.3
Age missing	90	0.7	96	0.7	186	0.7
Deceased siblings	2,956	100.0	3,664	100.0	6,620	100.0
AD and YSD reported	2,797	94.6	3,483	95.0	6,280	94.9
Missing only AD	57	1.9	83	2.3	140	2.1
Missing only YSD	43	1.4	35	0.9	78	1.2
Missing both	59	2.0	64	1.7	123	1.9

14.2 ESTIMATES OF ADULT MORTALITY

One way to assess the quality of data used to estimate maternal mortality is to evaluate the plausibility and stability of overall adult mortality. It is reasoned that if rates of overall adult mortality are implausible, rates based on a subset of deaths—maternal mortality in particular—are likely to have serious problems. Also, levels and trends in overall adult mortality have important implications in their own right for health and social programmes in Lesotho, especially with regard to the potential effect of the AIDS epidemic.

The direct estimation of adult mortality uses the reported ages at death and years since death of respondents' brothers and sisters. Because of the differentials in exposure to the risk of dying, age- and sex-specific death rates are presented in Table 14.2. The rates are shown for the ten-year period preceding the survey for both sexes and for females and males separately. Because the number of deaths on which the 2004 LDHS rates are based is not large (a total of 971 female deaths and 1,147 male deaths), the estimated age-specific rates are subject to considerable sampling variation. To remove the effect of truncation bias—the upper boundary for eligibility for women interviewed in the 2004 LDHS is 49 years—the overall rates were standardised by the age distribution of the survey respondents.

¹ The imputation procedure is based on the assumption that the reported birth order of siblings in the history is correct. The first step is to calculate birth dates. For each living sibling with a reported age and each dead sibling with complete information on both age at death and years since death, the birth date was calculated. For a sibling missing these data, a birth date was imputed within the range defined by the birth dates of the bracketing siblings. In the case of living siblings, an age at the time of the survey was then calculated from the imputed birth date. In the case of dead siblings, if either the age at death or years since death was reported, that information was combined with the birth date to produce the missing information. If both pieces of information were missing, the distribution of the ages at death for siblings for whom the years since death was unreported, but age at death was reported, was used as a basis for imputing the age at death.

Adult mortality for both sexes is 11 deaths per 1,000 years of exposure. The age-specific rates rise from 3 per 1,000 for the age group 15-19 to 22 per 1,000 for adults age 40-44 before dropping off to 20 per 1,000 for adults in the 45-49 age group. The small decline in the latter age group is somewhat unexpected because adult mortality levels typically rise steadily with age in the absence of war or other events that may disproportionately affect age cohorts. The decline may reflect errors in the reporting of sibling ages at death. However, it may also reflect the effect of the timing and age pattern of the AIDS epidemic in Lesotho.

Looking at the differences in mortality by sex, the rate for men age 15-49 is nearly 25 percent higher than the rate for females in the same age group (12.3 per 1,000 and 9.9 per 1,000, respectively). The rates for both men and women rise with age and peak at age 40-44. The subsequent decline in mortality at age 45-49 is sharper for men than for women. Looking more closely at mortality age patterns, the rates for the 15-19 cohort are similar for men and women, while the female rate exceeds the male rate in cohorts 20-24 and 25-29. Male mortality exceeds female mortality in age groups 30-39, 40-44, and 45-49.

Table 14.2 Adult mortality rates			
Age-specific mortality rates for women and men age 15-49 based on the survivorship of sisters and brothers of survey respondents for the ten-year period preceding the survey, Lesotho 2004			
Age	Deaths	Exposure	Mortality rates
WOMEN			
15-19	64	21,058	3.05
20-24	125	2,118	5.88
25-29	207	18,061	11.45
30-34	198	14,369	13.81
35-39	174	11,331	15.40
40-44	131	7,677	17.07
45-49	71	4,623	15.27
15-49	971	98,419	9.86 ^a
MEN			
15-19	66	21,107	3.14
20-24	100	20,620	4.87
25-29	179	18,053	9.89
30-34	247	14,525	17.03
35-39	236	10,857	21.77
40-44	207	7,453	27.77
45-49	112	4,579	24.35
15-49	1,147	97,195	12.34 ^a
TOTAL			
15-19	131	42,166	3.20
20-24	226	41,919	5.38
25-29	385	36,115	10.67
30-34	446	28,894	15.43
35-39	411	22,188	18.52
40-44	338	15,131	22.34
45-49	182	9,202	19.79
15-49	2,118	195,614	11.09 ^a
^a Age standardised			

14.3 ESTIMATES OF MATERNAL MORTALITY

Maternal deaths are defined as any death that occurred during pregnancy, childbirth, or within two months after the birth or termination of a pregnancy.² Estimates of maternal mortality are therefore based solely on the timing of the death in relationship with pregnancy. Two survey methods are generally used to estimate maternal mortality in developing countries: the indirect sisterhood method (Graham et al., 1989) and a direct variant of the sisterhood method (Rutenberg and Sullivan, 1991). In this report, the direct estimation procedure is applied. Age-specific mortality rates are calculated by dividing the number of maternal deaths by woman-years of exposure. Again, to address the effect of truncation bias (the upper boundary for eligibility for women interviewed in the 2004 LDHS is 49 years), the overall rate for women age 15-49 is standardised by the age distribution of the survey respondents.

Table 14.3 presents direct estimates of maternal mortality for the ten-year period preceding the survey. The data indicate that the rate of mortality associated with pregnancy and childbearing is 0.90 maternal deaths per 1,000 woman-years of exposure. The estimated age-specific mortality rates show a generally plausible pattern, being higher at the peak childbearing ages of the twenties and thirties than at younger ages. Maternal deaths represent 9 percent of all deaths among women age 15-49 (92/971) in Lesotho. Somewhat surprisingly, maternal mortality is highest among women age 40-44. Because fertility levels are typically lower in this age group, exposure to the risk of dying from maternal causes would be expected to be lower. The results suggest that there may either have been errors in the reporting of women's ages, or possibly, errors in the timing of when the deaths occurred.

Table 14.3 Maternal mortality			
Maternal mortality rates for the ten-year period preceding the survey, based on the survivorship of sisters of survey respondents, Lesotho 2004			
Age	Maternal deaths	Exposure (years)	Mortality rates (1,000)
15-19	6	21,058	0.30
20-24	12	21,300	0.59
25-29	22	18,061	1.20
30-34	16	14,369	1.09
35-39	18	11,331	1.63
40-44	16	7,677	2.14
45-49	1	4,623	0.13
Total 15-49	92	98,419	0.90 ^a
General fertility rate			0.118 ^a
Maternal mortality ratio ^b	-	-	762

^a Age standardised
^b Per 100,000 births: calculated as maternal mortality rate divided by the general fertility rate

The maternal mortality rate can be converted to a maternal mortality ratio and expressed per 100,000 live births by dividing the rate by the general fertility rate of 0.118, which is the age-adjusted general fertility rate prevailing during the same time period. With this procedure, the maternal mortality ratio during the ten-year period before the survey is estimated as 762 maternal deaths per 100,000 live births. This figure should be viewed with caution, because the number of female deaths occurring during pregnancy, at delivery, or within two months of delivery is small (92). As a result, the maternal mortality estimates are subject to larger sampling errors than the adult mortality estimates: the 95 percent confidence intervals indicate that the maternal mortality ratio varies from 561 to 964 (see Appendix Table B.2).

² This time-dependent definition includes all deaths that occurred during pregnancy and two months after pregnancy, even if the death was a result of nonmaternal causes. However, this definition is generally considered to be unlikely to result in overreporting of maternal deaths because most deaths to women during the two-month period are a result of maternal causes, and maternal deaths are more likely to be underreported than overreported.

FATHER'S PARTICIPATION IN FAMILY HEALTH CARE

15

One of the policies to improve the health of women and children is to involve men in the health care of their wives and children. Men should be involved in making decisions and taking actions regarding family planning, antenatal care, preparation for delivery, and children's immunisation and nutrition. This section presents information on men's involvement in ensuring safe motherhood for their wives and proper health care for their children.

15.1 ADVICE OR CARE DURING ANTENATAL, DELIVERY, AND POSTNATAL PERIODS

In the 2004 LDHS, currently married men who have had at least one child since January 2000 were asked several questions regarding the pregnancy care of the mother of the last-born child and the health care of the child. Table 15.1 shows the percentage of last births in the five years preceding the survey for which mothers received advice or care from a health provider during the pregnancy, delivery, or during the six-week period after delivery. For 92 percent of births in the five years preceding the survey, men report that the child's mother received advice or care during pregnancy, 69 percent received care during delivery, and 83 percent received care in the six weeks after delivery. The proportion of fathers reporting care for their wives during pregnancy, delivery, or six weeks after delivery varies somewhat by men's age but there are no clear patterns. As expected, fathers residing in urban areas and those who are better-educated are more likely to report that the mother of the last-born child received advice or care during pregnancy, during delivery, or during the six-week period after delivery.

Table 15.1 Advice or care received by mother during pregnancy and delivery, and after delivery

Percentage of last births in the five years preceding the survey for which mothers received advice or care from a health care provider (based on father's report), by type of advice or care and father's background characteristics, Lesotho 2004

Background characteristic	Mother received advice or care			Number of fathers
	During pregnancy	During delivery	During the six weeks after delivery	
Age				
15-19	*	*	*	1
20-24	92.8	65.4	71.9	81
25-29	92.5	72.3	79.9	159
30-34	95.1	66.3	84.6	150
35-39	90.8	73.3	88.5	95
40-44	88.1	57.1	84.2	59
45-49	(95.3)	(81.2)	(90.4)	49
50-54	(85.4)	(67.1)	(82.6)	33
55-59	*	*	*	5
Residence				
Urban	96.4	90.6	89.5	127
Rural	91.3	63.3	81.0	505
Ecological zone				
Lowlands	91.7	73.0	83.9	334
Foothills	88.7	61.3	91.1	75
Mountains	94.4	60.8	76.1	190
Senqu River Valley	95.4	89.7	89.1	33
District				
Butha-Buthe	87.0	71.7	85.6	40
Leribe	90.7	67.5	79.8	85
Berea	90.6	66.4	82.6	91
Maseru	94.0	70.1	87.7	145
Mafeteng	(88.9)	(70.1)	(86.1)	49
Mohale's Hoek	91.0	64.1	75.8	61
Quthing	(92.2)	(81.8)	(84.4)	35
Qacha's Nek	98.2	79.5	70.4	23
Mokhotlong	96.6	68.7	87.3	49
Thaba-Tseka	95.9	60.9	76.2	54
Education				
No education	91.9	62.2	77.1	150
Primary, incomplete	89.5	61.9	84.4	257
Primary, complete	96.2	75.3	85.1	72
Secondary+	95.7	83.9	84.2	153
Wealth quintile				
Lowest	90.9	59.5	80.3	138
Second	88.9	55.3	76.0	141
Middle	91.1	62.6	76.3	114
Fourth	95.3	84.4	88.7	120
Highest	96.4	85.9	93.3	120
Total	92.4	68.8	82.7	632

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 15.1 also shows that the percentage of last births in the five years preceding the survey for which mothers received advice or care during pregnancy, delivery, and during the six weeks after delivery varies by district. The proportion of mothers who received advice or care during pregnancy ranges from 87 percent in Butha-Buthe to 98 percent in Qacha's Nek; during delivery it ranges from 61 percent in Thaba-Tseka to 82 percent in Quthing; and during the six weeks after delivery it ranges from 70 percent in Qacha's Nek and Mohale's Hoek to 88 percent in Maseru.

Male respondents had have had at least one child since January 2000 were also asked about the reason why the mother of the last-born child did not receive advice or care during pregnancy, delivery, or the six weeks after delivery. Table 15.2 shows that the most common reason for not receiving any advice or care during pregnancy was the cost of services (13 percent) followed by lack of knowledge (12 percent). The most common reason cited for not receiving any advice or care during delivery was distance or lack of transport (83 percent) followed by high cost (68 percent). A relatively high proportion (63 percent) said that advice or care during delivery was not necessary. The main reason given for mothers not to seek advice in the six weeks after delivery was that it was not necessary, or lack of knowledge (35 percent each). The number of births in Table 15.2 are relatively small, therefore making it difficult to make meaningful generalizations.

Table 15.2 Main reason for not receiving advice or care during pregnancy and delivery, and after delivery				
Percentage of last births in the five years preceding the survey for which mothers did not receive advice or care from a health care provider (based on father's report), by the main reason for not seeking advice or care, Lesotho 2004				
Reason for not receiving advice or care	Mother did not receive advice or care			Number of births
	During pregnancy	During delivery	During the six weeks after delivery	
Not necessary	(2.4)	(62.9)	(34.8)	31
Not customary	*	*	*	4
Respondent didn't allow	*	*	*	10
Too costly	13.1	67.6	19.4	88
Too far/no transport	3.8	83.1	13.1	59
Poor service	*	*	*	6
Lack of knowledge	(11.5)	(53.3)	(35.2)	29
Other	(4.6)	(65.4)	(29.9)	31
Total	8.3	69.1	22.6	259
Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.				

15.2 CONTACT WITH HEALTH CARE PROVIDERS

In the 2004 LDHS, men's involvement in his wife's pregnancy and care is measured by asking male respondents whether they talked to a health care provider about the pregnancy care or the health of the mother of their last child in the five years preceding the survey. This information is presented in Table 15.3. Findings show that during their wife's last pregnancy, only 15 percent of fathers talked to a health care provider about the pregnancy care and health of their wife. Fathers in their mid- to-late 30s and mid-to-late 40s and early 50s, urban fathers, and those who are better educated are more likely than other fathers are to talk with a health care provider about their wife's health and care during pregnancy. Looking at ecological zones, the proportion of fathers who discussed with a health care provider about their wife's health and care during pregnancy ranges from 9 percent of Senqu River valley to 19 percent in the Mountains. Among districts, it ranges from 7 percent in Berea to 22 percent in Butha-Buthe.

Table 15.3 Father's contact with a health care provider about wife's health and pregnancy

For last births in the five years preceding the survey, the percentage of fathers who spoke with a health care provider about the health of their child's mother or the pregnancy, by father's background characteristics, Lesotho 2004

Background characteristic	Percentage of fathers who spoke with a health care provider	Number of fathers
Age		
15-19	*	1
20-24	10.6	81
25-29	15.8	159
30-34	14.2	150
35-39	19.2	95
40-44	5.9	59
45-49	(23.2)	49
50-54	19.2	33
55-59	*	5
Residence		
Urban	16.3	127
Rural	14.6	505
Ecological zone		
Lowlands	13.7	334
Foothills	12.9	75
Mountains	18.9	190
Senqu River Valley	9.4	33
District		
Butha-Buthe	21.6	40
Leribe	17.6	85
Berea	7.1	91
Maseru	20.0	145
Mafeteng	(8.9)	49
Mohale's Hoek	13.1	61
Quthing	(7.8)	35
Qacha's Nek	20.0	23
Mokhotlong	10.1	49
Thaba-Tseka	19.9	54
Education		
No education	13.2	150
Primary, incomplete	11.4	257
Primary, complete	17.5	72
Secondary+	21.4	153
Wealth quintile		
Lowest	14.9	138
Second	14.9	141
Middle	17.1	114
Fourth	9.9	120
Highest	18.1	120
Total	14.9	632

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

15.3 KNOWLEDGE OF PREGNANCY COMPLICATIONS

For the safety and well-being of mothers and their newborn babies, knowledge of pregnancy complications that may lead to miscarriage or death is important. In the 2004 LDHS, all men age 15-59 were asked whether they know of any complications during pregnancy that could lead to miscarriage or death. Table 15.4 shows that an overwhelming proportion of men, 87 percent, do not know of any pregnancy complications. Six percent of men mentioned swelling of hands and feet, 3 percent mentioned vaginal bleeding, and 2 percent each mentioned abdominal pain and difficult labour for more than 12 hours.

Table 15.4 Knowledge of pregnancy complications	
Percentage of men age 15-59 who know about pregnancy complications that lead to miscarriage or death, by type of complication, Lesotho 2004	
Type of complication	Percentage of men who know of pregnancy complications
Vaginal bleeding	2.7
High fever	0.6
Abdominal pain	2.2
Swelling of hands and feet	6.0
Difficult labour for more than 12 hours	2.0
Convulsions	0.3
Other	1.8
Don't know any signs or symptoms	87.0
Number of men	2,797

15.4 KNOWLEDGE OF ORS PACKETS AND FEEDING PRACTICES DURING DIARRHOEA

As mentioned in Chapter 9, diarrhoea is a major public health threat to children under five. In the case of diarrhoea, the child should be given an increased amount of appropriate fluids, possibly in the form of solution prepared from oral rehydration salts (ORS). Parents and caregivers are advised to rehydrate their children with either the commercially packaged ORS, or other fluids prepared at home with water, salt, and sugar (*motsoako*) as instructed by health professionals. A child who has diarrhoea should also be given more fluids than usual to prevent dehydration. As with women, all eligible male respondents in the 2004 LDHS were asked if they had heard of a special product called ORS that you can get for the treatment of diarrhoea. They were also asked about the amount of fluids that should be given to a child with a diarrhoea episode. The results are shown in Table 15.5.

More than six in ten men (65 percent) have heard of ORS packets. Men in their 30s, early 40s, and early 50s are more likely to know about ORS packets than men in other age groups. Men in urban areas are significantly more likely to know about ORS than rural men (78 and 61 percent, respectively). Among districts, men in Maseru are most likely to know about ORS packets (77 percent), while those in Mokhotlong (49 percent) are least likely. Knowledge of ORS increases steadily with level of education, from 60 percent of men with no education to 70 percent of those with at least secondary education. Wealth quintile is positively associated with knowledge of ORS. Forty-seven percent of men in the lowest wealth quintile know about ORS compared with 77 percent of men in the highest quintile.

Table 15.5 Knowledge of ORS packets and feeding practices during diarrhoea

Percent distribution of men age 15-59 who report specific amounts of liquids that should be given to a child with diarrhoea (compared with normal practice) and percentage who know about ORS packets for treatment of diarrhoea, by background characteristics, Lesotho 2004

Background characteristic	Amount of liquids to be given to a child with diarrhoea				Percentage of men who know of ORS packets	Number of men
	Less than usual	Same as usual	More than usual	Don't know/missing		
Age						
15-19	20.8	27.0	24.2	28.1	54.4	743
20-24	15.0	30.3	27.7	26.9	59.9	507
25-29	10.9	31.6	27.3	30.2	68.4	374
30-34	12.7	25.9	39.6	21.8	71.2	305
35-39	8.9	39.4	33.9	17.8	78.3	233
40-44	11.2	35.5	32.2	21.1	75.4	164
45-49	21.4	24.1	31.2	23.3	68.5	170
50-54	13.2	32.9	21.7	32.2	70.5	164
55-59	9.4	35.1	31.1	24.4	67.6	137
Residence						
Urban	4.8	32.4	42.2	20.7	77.6	603
Rural	17.8	29.6	25.1	27.4	61.2	2,194
Ecological zone						
Lowlands	13.9	32.7	32.5	20.9	70.8	1,734
Foothills	17.5	29.1	20.7	32.7	60.1	307
Mountains	18.3	25.8	18.3	37.7	49.3	585
Senqu River Valley	10.3	21.9	42.2	25.6	65.0	171
District						
Butha-Buthe	14.1	33.5	23.9	28.4	70.3	182
Leribe	12.6	24.2	37.9	25.3	66.6	393
Berea	16.3	28.8	24.0	30.9	55.6	350
Maseru	9.6	33.5	34.4	22.5	77.3	741
Mafeteng	23.6	35.6	22.4	18.4	58.6	297
Mohale's Hoek	16.8	33.3	28.4	21.5	65.9	281
Quthing	8.5	25.0	39.0	27.5	57.7	167
Qacha's Nek	26.2	20.1	15.9	37.8	56.6	99
Mokhotlong	9.9	23.5	13.1	53.5	48.6	130
Thaba-Tseka	29.3	30.5	19.7	20.5	50.4	156
Education						
No education	17.2	33.0	18.7	31.2	60.1	559
Primary, incomplete	15.4	29.6	29.9	25.2	63.8	1,213
Primary, complete	17.9	28.4	30.3	23.4	65.6	389
Secondary+	10.6	30.0	34.9	24.5	70.2	636
Wealth quintile						
Lowest	20.4	28.4	15.0	36.1	46.9	466
Second	17.1	30.6	19.3	33.0	58.2	514
Middle	15.6	31.2	28.8	24.5	64.7	566
Fourth	13.5	31.9	34.3	20.2	71.7	621
Highest	10.3	28.5	41.4	19.8	76.5	630
Total	15.0	30.2	28.8	26.0	64.8	2,797

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SAMPLE IMPLEMENTATION

Appendix A

Table A.1 Sample implementation: women

Percent distribution of households and eligible women by results of the household and individual interviews, and household, eligible women and overall response rates, according to urban-rural residence and region, Lesotho 2004

	Residence		District										
Result	Urban	Rural	Butha- Buthe	Leribe	Berea	Maseru	Mafeteng	Mohale's Hoek	Quthing	Qacha's Nek	Mokhotlong	Thaba- Tseka	Total
Selected households													
Completed (C)	81.5	88.8	88.8	87.7	88.1	81.9	88.8	86.7	88.1	83.4	90.2	88.0	86.8
Household present but no competent respondent at home (HP)	2.1	1.3	1.3	2.4	0.5	1.9	1.3	1.2	1.8	2.5	1.3	0.5	1.5
Postponed (P)	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Refused (R)	1.4	0.2	0.3	0.9	0.1	1.6	0.3	0.3	0.1	0.4	0.1	0.1	0.5
Dwelling not found (DNF)	6.1	0.9	2.6	1.5	1.5	6.0	1.1	1.7	0.4	2.5	0.3	2.0	2.3
Household absent (HA)	3.5	2.6	0.8	2.4	3.0	2.9	1.2	3.4	6.5	4.0	2.7	2.0	2.8
Dwelling vacant/address not a dwelling (DV)	4.8	5.4	5.4	4.1	5.6	4.4	6.6	6.6	2.5	6.4	4.7	6.7	5.2
Dwelling destroy (DD)	0.2	0.1	0.0	0.2	0.2	0.3	0.0	0.1	0.0	0.0	0.4	0.1	0.2
Other (O)	0.4	0.7	0.7	0.7	0.9	0.9	0.6	0.1	0.5	1.0	0.4	0.4	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	2,743	7,160	956	1,092	968	1,742	972	1,145	767	734	784	743	9,903
Household response rate (HRR)	89.5	97.4	95.5	94.8	97.6	89.6	97.0	96.5	97.4	94.0	98.2	97.0	95.2
Eligible women													
Completed (EWC)	95.8	93.8	95.7	95.8	93.8	90.1	92.8	94.7	94.1	96.3	96.2	97.3	94.3
Not at home (EWNH)	2.2	3.1	2.1	2.7	3.0	5.2	3.8	2.2	3.0	1.4	2.2	1.1	2.9
Postponed (EWP)	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Refused (EWR)	1.1	1.0	1.0	0.3	1.4	1.8	0.8	1.2	0.5	1.0	0.8	0.9	1.0
Partly completed (EWPC)	0.1	0.2	0.2	0.1	0.1	0.5	0.3	0.0	0.2	0.2	0.2	0.0	0.2
Incapacitated (EWI)	0.4	1.4	1.0	0.6	1.2	1.5	1.8	1.4	1.6	1.2	0.3	0.4	1.1
Other (EWO)	0.3	0.5	0.0	0.3	0.4	0.9	0.5	0.5	0.7	0.0	0.3	0.4	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	2,030	5,492	809	882	730	1,175	764	848	610	516	629	559	7,522
Eligible women response rate (EWRR)	95.8	93.8	95.7	95.8	93.8	90.1	92.8	94.7	94.1	96.3	96.2	97.3	94.3
Overall response rate (ORR)	85.7	91.3	91.4	90.8	91.6	80.7	90.0	91.4	91.7	90.5	94.4	94.4	89.8

¹ Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

² Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{100 * EWC}{EWC + EWNH + EWP + EWR + EWPC + EWI + EWO}$$

³ The overall response rate (ORR) is calculated as: ORR = HRR * EWRR/100

Table A.2 Sample implementation: men

Percent distribution of households and eligible men by results of the household and individual interviews, and household, eligible men and overall response rates, according to urban-rural residence and region, Lesotho 2004

Result	Residence		District										Total
	Urban	Rural	Butha-Buthe	Leribe	Berea	Maseru	Mafeteng	Mohale's Hoek	Quthing	Qacha's Nek	Mokhotlong	Thaba-Tseka	
Selected households													
Completed (C)	81.0	88.0	87.5	88.2	88.4	80.8	88.1	87.0	85.9	82.4	88.8	86.9	86.1
Household present but no competent respondent at home (HP)	2.4	1.6	1.9	2.4	0.6	2.2	1.7	1.2	1.9	2.7	2.3	1.1	1.8
Postponed (P)	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Refused (R)	1.7	0.3	0.4	1.3	0.2	1.8	0.6	0.4	0.3	0.5	0.3	0.0	0.7
Dwelling not found (DNF)	6.6	0.8	2.7	1.7	1.5	6.6	0.6	2.0	0.3	2.7	0.0	1.9	2.4
Household absent (HA)	3.1	2.8	0.6	2.1	2.3	2.8	1.3	3.0	8.0	4.4	3.9	2.2	2.9
Dwelling vacant/address not a dwelling (DV)	4.6	5.5	6.1	3.0	6.1	4.4	6.9	6.0	2.9	6.3	4.2	7.0	5.2
Dwelling destroy (DD)	0.2	0.2	0.0	0.4	0.2	0.6	0.0	0.2	0.0	0.0	0.0	0.3	0.2
Other (O)	0.3	0.8	0.6	0.8	0.6	0.8	0.8	0.2	0.8	0.8	0.5	0.6	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	1,348	3,515	473	532	476	854	480	563	377	364	385	359	4,863
Household response rate (HRR)	88.3	97.0	94.5	94.0	97.5	88.5	96.8	96.1	97.3	93.2	97.2	96.6	94.6
Eligible men													
Completed (EMC)	87.7	83.7	84.4	85.3	85.5	80.5	85.8	83.0	78.1	94.2	88.5	85.8	84.6
Not at home (EMNH)	5.9	9.1	7.8	9.8	7.3	8.9	7.5	9.8	13.3	1.8	6.7	8.8	8.3
Postponed (EMP)	0.0	0.1	0.0	0.3	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Refused (EMR)	3.0	3.4	5.0	1.7	2.8	4.2	3.6	4.5	5.1	0.9	1.9	1.8	3.3
Partly completed (EMPC)	0.4	0.3	0.0	0.0	0.3	1.0	0.3	0.0	0.0	0.4	0.0	0.9	0.3
Incapacitated (EMI)	2.4	2.0	2.2	2.0	2.8	2.2	2.1	1.8	2.7	2.7	0.7	1.8	2.1
Other (EMO)	0.5	1.5	0.6	0.9	1.0	3.2	0.6	1.0	0.8	0.0	2.2	0.9	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	791	2,514	360	348	386	503	332	399	256	226	269	226	3,305
Eligible men response rate (EMRR)	87.7	83.7	84.4	85.3	85.5	80.5	85.8	83.0	78.1	94.2	88.5	85.8	84.6
Overall response rate (ORR)	77.5	81.1	79.8	80.2	83.3	71.2	83.1	79.7	76.0	87.8	86.0	82.9	80.0

¹ Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

² Using the number of eligible men falling into specific response categories, the eligible man response rate (EMRR) is calculated as:

$$\frac{100 * EMC}{EMC + EMNH + EMP + EMR + EMPC + EMI + EMO}$$

³ The overall response rate (ORR) is calculated as: ORR = HRR * EMRR/100

Table A.3 Coverage of HIV testing among interviewed women by sociodemographic characteristics

Percent distribution of interviewed women by testing status, according to sociodemographic characteristics (unweighted), Lesotho 2004

Sociodemographic characteristic	HIV testing status				Total	Number
	Tested	Refused	Absent for testing	Other/missing		
Marital status						
Currently married/in union	86.1	10.6	0.2	3.1	100.0	1,871
Widowed	85.7	11.0	0.6	2.6	100.0	308
Divorced/ separated	86.9	9.4	0.5	3.1	100.0	191
Never in union	83.9	13.0	0.2	2.9	100.0	1,168
Ever had sex	84.8	12.7	0.0	2.5	100.0	592
Never had sex	83.0	13.4	0.3	3.3	100.0	576
Ever had sexual intercourse						
Yes	85.8	11.0	0.2	2.9	100.0	2,961
No	83.0	13.3	0.3	3.3	100.0	577
Currently pregnant						
Yes	92.1	5.1	0.0	2.8	100.0	215
Not pregnant/not sure	84.9	11.8	0.3	3.0	100.0	3,323
Religion						
Roman Catholic Church	83.8	12.0	0.3	3.8	100.0	1,564
Lesotho Evangelical Church	87.1	10.6	0.3	2.0	100.0	688
Anglican Church	85.1	12.1	0.3	2.6	100.0	348
Other Christian	87.2	10.3	0.1	2.5	100.0	895
No religion	(78.8)	(18.2)	(0.0)	(3.0)	100.0	33
Total	85.4	11.4	0.3	3.0	100.0	3,538

Note: Figures in parentheses are based on 25-49 unweighted cases.

Table A.4 Coverage of HIV testing among interviewed men by sociodemographic characteristics

Percent distribution of interviewed men by testing status, according to sociodemographic characteristics (un-weighted), Lesotho 2004

Sociodemographic characteristic	HIV testing status				Total	Number
	Tested	Refused	Absent for testing	Other/ missing		
Marital status						
Currently married/in union	78.1	17.9	0.4	3.6	100.0	1,207
Widowed	73.4	20.3	0.0	6.3	100.0	64
Divorced/ separated	86.8	8.3	0.0	5.0	100.0	121
.Ever had sex	81.2	14.1	0.3	4.4	100.0	909
.Never had sex	80.8	14.6	0.6	4.0	100.0	494
Type of unions						
In union, polygynous	78.1	18.8	0.0	3.1	100.0	64
In union, not polygynous	78.1	17.8	0.4	3.6	100.0	1,143
Not in union	81.2	14.0	0.4	4.4	100.0	1,590
Ever had sexual intercourse						
Yes	79.7	15.9	0.3	4.0	100.0	2,303
No	80.8	14.6	0.6	4.0	100.0	494
Circumcision status						
Circumcised	81.6	14.0	0.4	3.9	100.0	1,433
Not circumcised	78.2	17.3	0.4	4.1	100.0	1,357
Times slept away from home in past 12 months						
None	80.0	15.0	0.5	4.5	100.0	1,611
1-2	80.2	16.6	0.5	2.8	100.0	434
3-4	75.5	19.8	0.4	4.3	100.0	278
5+	82.3	14.2	0.0	3.5	100.0	423
Whether away for more than one month in past 12 months						
Away for more than 1 month	80.3	16.3	0.0	3.4	100.0	558
Away for less than 1 month	78.8	17.1	0.5	3.6	100.0	580
Never away	80.0	15.0	0.5	4.5	100.0	1,611
Religion						
Roman Catholic Church	78.9	16.6	0.5	4.0	100.0	1,257
Lesotho Evangelical Church	78.8	16.4	0.5	4.3	100.0	561
Anglican Church	80.7	14.4	0.0	4.9	100.0	264
Other Christian	82.5	14.3	0.2	3.0	100.0	525
No religion	81.9	12.1	0.5	5.5	100.0	182
Total	79.9	15.7	0.4	4.0	100.0	2,797

Note: Total includes 2 men with missing information on marital status and 48 men with missing information on times away from home in the past 12 months.

Table A.5 Coverage of HIV testing among women who ever had sex by risk status variables

Percent distribution of women who ever had sex by testing status, according to characteristics relating to risk status (unweighted), Lesotho 2004

Background characteristic	HIV testing status				Total	Unweighted number
	Tested	Refused	Absent for testing	Other/missing		
Age at first sex						
< 15	87.9	8.7	0.0	3.5	100.0	231
15-17	87.6	9.2	0.3	2.8	100.0	1,170
18-19	86.1	10.8	0.3	2.8	100.0	785
20+	79.8	16.6	0.2	3.4	100.0	565
Higher-risk sex in past 12 months						
Had higher-risk sex	86.4	10.4	0.4	2.7	100.0	949
Had sex, not higher-risk sex	85.1	11.9	0.2	2.9	100.0	1,552
No sex in past 12 months	87.2	9.3	0.0	3.5	100.0	460
Number of partners in past 12 months						
0	87.2	9.5	0.0	3.2	100.0	462
1	85.5	11.3	0.2	2.9	100.0	2,199
2	86.2	10.1	0.7	2.9	100.0	276
3+	79.2	20.8	0.0	0.0	100.0	24
Number of higher-risk sexual partners in past 12 months						
0	85.6	11.3	0.1	3.0	100.0	2,014
1	87.1	9.3	0.5	3.1	100.0	836
2	82.5	16.5	0.0	1.0	100.0	97
3+	71.4	28.6	0.0	0.0	100.0	14
Any condom use (FP, other)						
Used condom at any time	83.0	13.8	0.3	2.9	100.0	1,196
Never used condom	87.7	9.1	0.2	2.9	100.0	1,765
Condom use at last sex in past 12 months						
Used condom at last sex	80.9	16.9	0.2	2.0	100.0	445
No condom at last sex	86.6	10.1	0.3	3.1	100.0	2,053
Condom use at last higher-risk sex in past 12 months						
Used condom at last higher-risk sex	81.8	15.3	0.3	2.7	100.0	373
No condom at last higher-risk sex	89.4	7.3	0.5	2.8	100.0	576
HIV testing status						
Ever tested and knows results of last test	83.7	12.8	0.5	2.9	100.0	375
Ever tested, does not results	89.7	8.4	0.0	1.9	100.0	107
Never tested	85.7	11.0	0.2	3.0	100.0	2,257
Total	85.8	11.0	0.2	2.9	100.0	2,961

Note: Total includes 210 women missing information on age at first sex and 222 women with missing information on whether ever obtained an HIV test.

Table A.6 Coverage of HIV testing among men who ever had sex by risk status variables

Percent distribution of men who ever had sex by testing status, according to characteristics relating to risk status (unweighted), Lesotho 2004

Background characteristic	HIV testing status				Total	Number
	Tested	Refused	Absent for testing	Other/missing		
Age at first sex						
< 15	82.0	12.7	0.9	4.4	100.0	228
15-17	81.0	14.4	0.4	4.2	100.0	714
18-19	75.9	19.2	0.4	4.5	100.0	511
20+	80.4	16.0	0.1	3.6	100.0	840
Higher-risk sex in past 12 months						
Had higher-risk sex	80.7	14.2	0.3	4.7	100.0	1,223
Had sex, not higher-risk sex	78.2	18.6	0.1	3.1	100.0	803
No sex in past 12 months	79.4	15.9	1.1	3.6	100.0	277
Number of partners in past 12 months						
0	79.6	15.7	1.1	3.6	100.0	274
1	79.5	16.2	0.2	4.1	100.0	1,445
2	79.0	16.5	0.2	4.3	100.0	443
3+	84.1	12.1	0.8	3.0	100.0	132
Number of higher-risk sexual partners in past 12 months						
0	78.6	17.8	0.4	3.2	100.0	1,077
1	80.1	14.1	0.4	5.5	100.0	853
2	81.2	15.3	0.4	3.1	100.0	255
3+	84.5	13.6	0.0	1.8	100.0	110
Paid for sex						
In past 12 months	72.2	22.2	0.0	5.6	100.0	36
Prior to past 12 months	78.6	18.8	0.0	2.6	100.0	117
Never	79.9	15.6	0.4	4.1	100.0	2,147
Any condom use (FP, other)						
Used condom at any time	77.4	18.3	0.3	3.9	100.0	1,166
Never used condom	82.0	13.5	0.4	4.1	100.0	1,137
Condom use at last sex in past 12 months						
Used condom at last sex	75.1	19.7	0.5	4.7	100.0	193
No condom at last sex	100.0	0.0	0.0	0.0	100.0	3
Condom use at last higher-risk sex in past 12 months						
Used condom	77.4	17.4	0.6	4.6	100.0	545
Never used condom	83.3	11.7	0.1	4.9	100.0	678
Condom use at last paid sexual encounter						
Used condom at last paid sex	74.6	23.7	0.0	1.7	100.0	59
No condom at last paid sex	78.7	17.0	0.0	4.3	100.0	94
HIV testing status						
Ever tested and knows results of last test	76.0	22.6	0.0	1.4	100.0	221
Ever tested, does not results	67.3	26.5	0.0	6.1	100.0	49
Never tested	81.1	14.2	0.4	4.3	100.0	1,873
Total	79.7	15.9	0.3	4.0	100.0	2,303

Note: Total includes 10 men missing information on age at first sex, 8 men missing information on number of higher-risk sexual partners in past 12 months, 3 men missing information on whether they paid for sex, and 160 men missing information on whether ever obtained HIV test.

The estimates from a sample survey are affected by two types of errors: (1) nonsampling errors, and (2) sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2004 Lesotho Demographic and Health Survey (LSDHS) to minimize this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2004 LSDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the *standard error* for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2004 LSDHS sample is the result of a multistage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the 2004 LSDHS is the ISSA Sampling Error Module. This module used the Taylor linearization method of variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y , and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = var(r) = \frac{1-f}{x^2} \sum_{h=1}^H \left[\frac{m_h}{m_{h-1}} \left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h} \right) \right]$$

in which

$$z_{hi} = y_{hi} - rx_{hi}, \text{ and } z_h = y_h - rx_h$$

where h represents the stratum which varies from 1 to H ,
 m_h is the total number of clusters selected in the h^{th} stratum,
 y_{hi} is the sum of the weighted values of variable y in the i^{th} cluster in the h^{th} stratum,
 x_{hi} is the sum of the weighted number of cases in the i^{th} cluster in the h^{th} stratum, and
 f is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* clusters in the calculation of the estimates. Pseudo-independent replications are thus created. In the 2004 LSDHS, there were 405 non-empty clusters. Hence, 404 replications were created. The variance of a rate r is calculated as follows:

$$SE^2(r) = var(r) = \frac{1}{k(k-1)} \sum_{i=1}^k (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where r is the estimate computed from the full sample of 405 clusters,
 $r_{(i)}$ is the estimate computed from the reduced sample of 404 clusters (i^{th} cluster excluded),
and
 k is the total number of clusters.

In addition to the standard error, ISSA computes the design effect (DEFT) for each estimate, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. ISSA also computes the relative error and confidence limits for the estimates.

Sampling errors for the 2004 LSDHS are calculated for selected variables considered to be of primary interest for woman's survey and for man's surveys, respectively. The results are presented in this appendix for the country as a whole, for urban and rural areas, and for each of the 4 ecological zones. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Tables B.2 through B.8 present the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN) cases, the design effect ($DEFT$), the relative standard error (SE/R), and the 95 percent confidence limits ($R \pm 2SE$), for each variable. The $DEFT$ is considered undefined when the standard error considering simple random sample is zero (when the estimate is close to 0 or 1). In the case of the total fertility rate, the number of unweighted cases is not relevant, as there is no known unweighted value for woman-years of exposure to childbearing.

The confidence interval (e.g., as calculated for *children ever born to women aged 40-49*) can be interpreted as follows: the overall average from the national sample is 4.703 and its standard error is 0.074. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e., $4.703 \pm 2 \times 0.074$. There is a high probability (95 percent) that the *true* average number of children ever born to all women aged 40 to 49 is between 4.556 and 4.850.

Sampling errors are analyzed for the national woman sample and for two separate groups of estimates: (1) means and proportions, and (2) complex demographic rates. The relative standard errors (SE/R) for the means and proportions range between 0.3 percent and 18.2 percent with an average of 4.0

percent; the highest relative standard errors are for estimates of very low values (e.g., *currently using IUCD*). If estimates of very low values (less than 10 percent) were removed, then the average drops to 2.7 percent. So in general, the relative standard error for most estimates for the country as a whole is small, except for estimates of very small proportions. The relative standard error for the total fertility rate is small, 3.1 percent. However, for the mortality rates, the averaged relative standard error for the five 5-year period mortality rates is much higher, 8.3 percent.

There are differentials in the relative standard error for the estimates of sub-populations. For example, for the variable *want no more children*, the relative standard errors as a percent of the estimated mean for the whole country, and for the urban areas are 1.7 percent and 4.3 percent, respectively.

For the total sample, the value of the design effect (DEFT), averaged over all variables, is 1.22 which means that, due to multi-stage clustering of the sample, the average standard error is increased by a factor of 1.22 over that in an equivalent simple random sample.

Table B.1 List of selected variables for sampling errors, Lesotho 2004

Variable	Estimate	Base population
WOMEN		
Urban residence	Proportion	All women 15-49
No education	Proportion	All women 15-49
With secondary education or higher	Proportion	All women 15-49
Never married (in union)	Proportion	All women 15-49
Currently married (in union)	Proportion	All women 15-49
Had first sex before 18	Proportion	All women 20-49
Children ever born	Mean	All women 15-49
Children ever born to women 40-49	Mean	All women 40-49
Children surviving	Mean	All women 15-49
Knowing any contraceptive method	Proportion	Currently married women 15-49
Knowing any modern contraceptive method	Proportion	Currently married women 15-49
Ever used any contraceptive method	Proportion	Currently married women 15-49
Currently using any method	Proportion	Currently married women 15-49
Currently using a modern method	Proportion	Currently married women 15-49
Currently female sterilization	Proportion	Currently married women 15-49
Currently using pill	Proportion	Currently married women 15-49
Currently using IUCD	Proportion	Currently married women 15-49
Currently using condom	Proportion	Currently married women 15-49
Currently using injectables	Proportion	Currently married women 15-49
Currently using rhythm or periodic abstinence	Proportion	Currently married women 15-49
Currently using withdrawal	Proportion	Currently married women 15-49
Using public sector source	Proportion	Currently married women 15-49
Want no more children	Proportion	Currently married women 15-49
Want to delay at least 2 years	Proportion	Currently married women 15-49
Ideal number of children	Mean	All women 15-49
Mother received tetanus injection	Proportion	Births in past 5 years
Mother received medical care at birth	Proportion	Births in past 5 years
Child has diarrhoea in the past 2 weeks	Proportion	Children under 5
Child treated with ORS packets	Proportion	Children under 5 with diarrhoea in past 2 weeks
Consulted medical personnel	Proportion	Children 12-23 months
Child having health card, seen	Proportion	Children 12-23 months
Child received BCG vaccination	Proportion	Children 12-23 months
Child received DPT vaccination (3 doses)	Proportion	Children 12-23 months
Child received polio vaccination (3 doses)	Proportion	Children 12-23 months
Child received measles vaccination	Proportion	Children 12-23 months
Child fully immunized	Proportion	Children 12-23 months
Height-for-age (<-2SD)	Proportion	Children under 5 who were measured
Weight-for-height (<-2SD)	Proportion	Children under 5 who were measured
Weight-for-age (<-2SD)	Proportion	Children under 5 who were measured
Has heard of HIV/AIDS	Proportion	All women 15-49
Knows condoms reduce HIV/AIDS	Proportion	All women 15-49
Knows limiting partners reduce HIV/AIDS	Proportion	All women 15-49
Total fertility rate (past 3 years)	Rate	All women 15-49
Neonatal mortality rate (past 10 years) ¹	Rate	Number of births in past 5 (10 years)
Postneonatal mortality rate (past 10 years) ¹	Rate	Number of births in past 5 (10 years)
Infant mortality rate (past 10 years) ¹	Rate	Number of births in past 5 (10 years)
Child mortality rate (past 10 years) ¹	Rate	Number of births in past 5 (10 years)
Under-five mortality rate (past 10 years) ¹	Rate	Number of births in past 5 (10 years)
Maternal mortality rate (past 0-9 years) ²	Rate	Number of births in past 10 years
HIV prevalence	Proportion	All women 15-49 tested for HIV
MEN		
Urban residence	Proportion	All men 15-59
No education	Proportion	All men 15-59
With secondary education or higher	Proportion	All men 15-59
Never married (in union)	Proportion	All men 15-59
Currently married (in union)	Proportion	All men 15-59
Had first sex before 18	Proportion	All men 25-59
Knowing any contraceptive method	Proportion	Currently married men 15-59
Knowing any modern contraceptive method	Proportion	Currently married men 15-59
Want no more children	Proportion	Currently married men 15-59
Want to delay at least 2 years	Proportion	Currently married men 15-59
Ideal number of children	Mean	All men 15-59
Has heard of HIV/AIDS	Proportion	All men 15-49
Knows condoms reduce HIV/AIDS	Proportion	All men 15-49
Knows limiting partners reduce HIV/AIDS	Proportion	All men 15-49
HIV prevalence (15-49)	Proportion	All men 15-49 tested for HIV
HIV prevalence (15-59)	Proportion	All men 15-59 tested for HIV

¹ Five years for national sample and 10 years for regional sample² Maternal mortality ratio is reported only for national sample

Table B.2 Sampling errors for national sample, Lesotho 2004

Variable	Value (R)	Stand- ard error (SE)	Number of cases		Design effect (DEFT)	Rela- tive error (SE/R)	Confidence limits	
			Un- weighted (N)	Weight- ed (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.237	0.009	7095	7095	1.778	0.038	0.219	0.255
No education	0.020	0.002	7095	7095	0.958	0.079	0.017	0.024
With secondary education or higher	0.387	0.009	7095	7095	1.510	0.023	0.369	0.404
Never married (in union)	0.334	0.007	7095	7095	1.252	0.021	0.320	0.348
Currently married (in union)	0.523	0.008	7095	7095	1.326	0.015	0.507	0.538
Had first sex before age 18	0.389	0.008	5334	5385	1.165	0.020	0.374	0.405
Children ever born	2.056	0.027	7095	7095	1.041	0.013	2.001	2.110
Children surviving	1.836	0.024	7095	7095	1.030	0.013	1.787	1.884
Children ever born to women 40-49	4.703	0.074	1305	1334	1.144	0.016	4.556	4.850
Knowing any contraceptive method	0.983	0.003	3726	3709	1.269	0.003	0.978	0.988
Knowing any modern contraceptive method	0.981	0.003	3726	3709	1.207	0.003	0.976	0.987
Ever used any contraceptive method	0.761	0.009	3726	3709	1.266	0.012	0.743	0.779
Currently using any contraceptive method	0.373	0.010	3726	3709	1.294	0.027	0.352	0.394
Currently using a modern method	0.352	0.010	3726	3709	1.341	0.030	0.331	0.373
Currently using pill	0.109	0.006	3726	3709	1.213	0.057	0.096	0.121
Currently using IUCD	0.021	0.002	3726	3709	1.067	0.120	0.016	0.026
Currently using condom	0.048	0.005	3726	3709	1.291	0.094	0.039	0.057
Currently using injectables	0.147	0.008	3726	3709	1.328	0.053	0.131	0.162
Currently using female sterilization	0.027	0.003	3726	3709	1.150	0.113	0.021	0.033
Currently using rhythm or periodic abstinence	0.000	0.000	3726	3709	1.167	1.001	0.000	0.001
Currently using withdrawal	0.009	0.002	3726	3709	1.063	0.182	0.006	0.012
Obtained method from public sector source	0.566	0.015	1748	1807	1.235	0.026	0.536	0.595
Want no more children	0.541	0.009	3726	3709	1.143	0.017	0.523	0.560
Want to delay birth at least 2 years	0.258	0.009	3726	3709	1.281	0.036	0.239	0.276
Ideal number of children	3.015	0.022	7074	7069	1.120	0.007	2.971	3.058
Mothers received tetanus injection for last birth	0.787	0.009	2928	2859	1.178	0.011	0.769	0.806
Mothers received medical care at delivery	0.554	0.011	3697	3572	1.175	0.020	0.532	0.575
Child had diarrhoea in the past 2 weeks	0.139	0.007	3340	3227	1.187	0.053	0.124	0.153
Treated with ORS packets	0.419	0.030	474	447	1.238	0.070	0.360	0.478
Consulted medical personnel	0.215	0.021	474	447	1.043	0.096	0.174	0.256
Child having health card, seen	0.777	0.021	673	660	1.280	0.027	0.736	0.819
Child received BCG vaccination	0.964	0.009	673	660	1.274	0.010	0.946	0.983
Child received DPT vaccination (3 doses)	0.828	0.020	673	660	1.376	0.024	0.787	0.868
Child received polio vaccination (3 doses)	0.797	0.019	673	660	1.213	0.024	0.759	0.835
Child received measles vaccination	0.849	0.015	673	660	1.065	0.017	0.819	0.879
Child fully immunized	0.678	0.023	673	660	1.254	0.034	0.632	0.724
Height-for-age (-2SD)	0.382	0.013	1744	1620	1.059	0.035	0.355	0.409
Weight-for-height (-2SD)	0.043	0.006	1744	1620	1.222	0.146	0.031	0.056
Weight-for-age (-2SD)	0.198	0.011	1744	1620	1.102	0.057	0.176	0.221
Has heard of HIV/AIDS	0.936	0.004	7095	7095	1.384	0.004	0.928	0.944
Knows condoms reduce HIV/AIDS	0.775	0.007	7095	7095	1.394	0.009	0.762	0.789
Knows limiting partners reduce HIV/AIDS	0.824	0.006	7095	7095	1.323	0.007	0.812	0.836
Total fertility rate (past 3 years)	3.539	0.108	na	20080	1.482	0.031	3.322	3.755
Neonatal mortality (past 5 years)	45.588	3.883	3728	3596	1.044	0.085	37.821	53.354
Post-neonatal mortality (past 5 years)	45.508	4.148	3742	3607	1.108	0.091	37.213	53.803
Infant mortality (past 5 years)	91.096	5.620	3742	3607	1.076	0.062	79.856	102.335
Child mortality (past 5 years)	23.996	2.985	3759	3629	1.074	0.124	18.026	29.965
Under-five mortality (past 5 years)	112.905	6.185	3773	3640	1.082	0.055	100.536	125.275
HIV prevalence	0.264	0.010	3032	3031	1.223	0.037	0.244	0.283
Maternal mortality rate (past 0-9 years)	762	101	na	na	na	0.132	561	964
MEN								
Urban residence	0.215	0.012	2797	2797	1.557	0.056	0.191	0.240
No education	0.171	0.008	2797	2797	1.142	0.048	0.155	0.187
With secondary education or higher	0.276	0.015	2797	2797	1.733	0.053	0.247	0.306
Never married (in union)	0.507	0.011	2797	2797	1.196	0.022	0.485	0.530
Currently married (in union)	0.426	0.011	2797	2797	1.129	0.025	0.405	0.447
Had first sex before age 18	0.238	0.012	1537	1547	1.090	0.050	0.214	0.262
Knowing any contraceptive method	0.982	0.004	1207	1191	0.940	0.004	0.975	0.989
Knowing any modern contraceptive method	0.977	0.004	1207	1191	1.027	0.005	0.968	0.986
Want no more children	0.458	0.016	1207	1191	1.095	0.034	0.426	0.489
Want to delay birth at least 2 years	0.274	0.015	1207	1191	1.150	0.054	0.244	0.303
Ideal number of children	3.584	0.045	2772	2773	1.179	0.013	3.494	3.674
Has heard of HIV/AIDS	0.932	0.005	2495	2496	1.065	0.006	0.921	0.942
Knows condoms reduce HIV/AIDS	0.696	0.010	2495	2496	1.103	0.015	0.676	0.716
Knows limiting partners reduce HIV/AIDS	0.756	0.010	2495	2496	1.125	0.013	0.737	0.776
HIV prevalence (15-49)	0.193	0.011	2002	2012	1.269	0.058	0.170	0.215
HIV prevalence (15-59)	0.189	0.011	2246	2255	1.343	0.059	0.167	0.212

na = Not applicable

Table B.3 Sampling errors for urban sample, Lesotho 2004

Variable	Value (R)	Stand- ard error (SE)	Number of cases		Design effect (DEFT)	Rela- tive error (SE/R)	Confidence limits	
			Un- weighted (N)	Weight- ed (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	1.000	0.000	1945	1682	na	0.000	1.000	1.000
No education	0.008	0.002	1945	1682	1.187	0.292	0.003	0.013
With secondary education or higher	0.577	0.017	1945	1682	1.560	0.030	0.542	0.612
Never married (in union)	0.424	0.015	1945	1682	1.331	0.035	0.394	0.454
Currently married (in union)	0.439	0.016	1945	1682	1.442	0.037	0.406	0.471
Had first sex before age 18	0.295	0.016	1527	1368	1.365	0.054	0.263	0.326
Children ever born	1.431	0.046	1945	1682	1.230	0.032	1.340	1.522
Children surviving	1.302	0.041	1945	1682	1.208	0.032	1.220	1.385
Children ever born to women 40-49	3.534	0.151	319	277	1.425	0.043	3.231	3.836
Knowing any contraceptive method	0.996	0.003	874	738	1.310	0.003	0.990	1.000
Knowing any modern contraceptive method	0.996	0.003	874	738	1.310	0.003	0.990	1.000
Ever used any contraceptive method	0.865	0.016	874	738	1.410	0.019	0.832	0.897
Currently using any contraceptive method	0.499	0.027	874	738	1.571	0.053	0.446	0.553
Currently using a modern method	0.487	0.027	874	738	1.614	0.056	0.433	0.542
Currently using pill	0.133	0.018	874	738	1.551	0.134	0.097	0.168
Currently using IUCD	0.044	0.008	874	738	1.134	0.178	0.029	0.060
Currently using condom	0.100	0.017	874	738	1.641	0.166	0.067	0.134
Currently using injectables	0.179	0.020	874	738	1.544	0.112	0.139	0.219
Currently using female sterilization	0.027	0.007	874	738	1.302	0.262	0.013	0.042
Currently using rhythm or periodic abstinence	0.000	0.000	874	738	na	na	0.000	0.000
Currently using withdrawal	0.001	0.001	874	738	0.991	0.876	0.000	0.004
Obtained method from public sector source	0.542	0.026	669	599	1.345	0.048	0.490	0.594
Want no more children	0.545	0.023	874	738	1.380	0.043	0.498	0.591
Want to delay birth at least 2 years	0.213	0.018	874	738	1.294	0.084	0.177	0.249
Ideal number of children	2.536	0.032	1943	1679	1.012	0.012	2.473	2.600
Mothers received tetanus injection for last birth	0.819	0.024	578	448	1.406	0.029	0.771	0.867
Mothers received medical care at delivery	0.878	0.018	670	503	1.232	0.020	0.842	0.913
Child had diarrhoea in the last 2 weeks	0.089	0.016	602	457	1.247	0.177	0.058	0.121
Treated with ORS packets	0.468	0.087	65	41	1.167	0.187	0.293	0.643
Consulted medical personnel	0.365	0.087	65	41	1.214	0.238	0.192	0.539
Child having health card, seen	0.782	0.046	132	99	1.178	0.058	0.690	0.873
Child received BCG vaccination	0.964	0.024	132	99	1.387	0.025	0.916	1.000
Child received DPT vaccination (3 doses)	0.844	0.049	132	99	1.460	0.059	0.745	0.943
Child received polio vaccination (3 doses)	0.839	0.038	132	99	1.112	0.045	0.763	0.915
Child received measles vaccination	0.911	0.032	132	99	1.202	0.035	0.847	0.975
Child fully immunized	0.680	0.063	132	99	1.450	0.093	0.553	0.806
Height-for-age (-2SD)	0.300	0.036	297	214	1.152	0.120	0.228	0.372
Weight-for-height (-2SD)	0.040	0.013	297	214	1.004	0.337	0.013	0.067
Weight-for-age (-2SD)	0.160	0.029	297	214	1.214	0.185	0.101	0.219
Has heard of HIV/AIDS	0.995	0.001	1945	1682	0.822	0.001	0.993	0.998
Knows condoms reduce HIV/AIDS	0.855	0.011	1945	1682	1.328	0.012	0.834	0.876
Knows limiting partners reduce HIV/AIDS	0.901	0.009	1945	1682	1.356	0.010	0.883	0.919
Total fertility rate (past 3 years)	1.922	0.124	na	4753	1.282	0.065	1.673	2.171
Neonatal mortality (past 10 years)	22.747	5.039	1393	1072	1.128	0.222	12.670	32.825
Post-neonatal mortality (past 10 years)	41.594	6.781	1395	1074	1.194	0.163	28.032	55.155
Infant mortality (past 10 years)	64.341	7.915	1395	1074	1.114	0.123	48.510	80.172
Child mortality (past 10 years)	23.797	5.204	1394	1074	1.195	0.219	13.389	34.205
Under-five mortality (past 10 years)	86.607	8.900	1396	1076	1.078	0.103	68.808	104.406
HIV prevalence	0.330	0.023	741	735	1.333	0.070	0.284	0.376
MEN								
Urban residence	1.000	0.000	694	603	na	0.000	1.000	1.000
No education	0.056	0.010	694	603	1.115	0.174	0.037	0.076
With secondary education or higher	0.523	0.037	694	603	1.940	0.070	0.449	0.596
Never married (in union)	0.442	0.028	694	603	1.486	0.063	0.386	0.498
Currently married (in union)	0.486	0.027	694	603	1.404	0.055	0.433	0.539
Had first sex before age 18	0.257	0.028	413	388	1.298	0.109	0.201	0.313
Knowing any contraceptive method	0.995	0.004	302	293	0.893	0.004	0.988	1.000
Knowing any modern contraceptive method	0.995	0.004	302	293	0.893	0.004	0.988	1.000
Want no more children	0.419	0.037	302	293	1.308	0.089	0.345	0.494
Want to delay birth at least 2 years	0.238	0.038	302	293	1.549	0.160	0.162	0.314
Ideal number of children	2.917	0.084	693	603	1.368	0.029	2.748	3.085
Has heard of HIV/AIDS	0.995	0.002	627	554	0.708	0.002	0.991	0.999
Knows condoms reduce HIV/AIDS	0.799	0.021	627	554	1.315	0.026	0.757	0.841
Knows limiting partners reduce HIV/AIDS	0.873	0.016	627	554	1.200	0.018	0.842	0.905
HIV prevalence (15-49)	0.220	0.032	432	407	1.582	0.144	0.157	0.283
HIV prevalence (15-59)	0.222	0.033	480	445	1.759	0.151	0.155	0.288

na = Not applicable

Table B.4 Sampling errors for rural sample, Lesotho 2004

Variable	Value (R)	Stand- ard error (SE)	Number of cases		Design effect (DEFT)	Rela- tive error (SE/R)	Confidence limits	
			Un- weighted (N)	Weight- ed (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.000	0.000	5150	5413	na	na	0.000	0.000
No education	0.024	0.002	5150	5413	0.921	0.081	0.020	0.028
With secondary education or higher	0.328	0.010	5150	5413	1.469	0.029	0.308	0.347
Never married (in union)	0.307	0.008	5150	5413	1.207	0.025	0.291	0.322
Currently married (in union)	0.549	0.009	5150	5413	1.254	0.016	0.531	0.566
Had first sex before age 18	0.422	0.008	3807	4017	1.057	0.020	0.405	0.438
Children ever born	2.250	0.031	5150	5413	0.970	0.014	2.187	2.312
Children surviving	2.001	0.028	5150	5413	0.973	0.014	1.945	2.057
Children ever born to women 40-49	5.010	0.082	986	1057	1.107	0.016	4.846	5.174
Knowing any contraceptive method	0.980	0.003	2852	2970	1.245	0.003	0.973	0.986
Knowing any modern contraceptive method	0.978	0.003	2852	2970	1.182	0.003	0.971	0.984
Ever used any contraceptive method	0.735	0.010	2852	2970	1.211	0.014	0.715	0.755
Currently using any contraceptive method	0.342	0.011	2852	2970	1.211	0.031	0.320	0.363
Currently using a modern method	0.318	0.011	2852	2970	1.263	0.035	0.296	0.340
Currently using pill	0.103	0.006	2852	2970	1.109	0.061	0.090	0.115
Currently using IUCD	0.015	0.002	2852	2970	1.050	0.160	0.010	0.020
Currently using condom	0.035	0.004	2852	2970	1.092	0.107	0.028	0.043
Currently using injectables	0.138	0.008	2852	2970	1.265	0.059	0.122	0.155
Currently using female sterilization	0.027	0.003	2852	2970	1.112	0.125	0.020	0.034
Currently using rhythm or periodic abstinence	0.000	0.000	2852	2970	1.141	1.002	0.000	0.001
Currently using withdrawal	0.011	0.002	2852	2970	1.041	0.185	0.007	0.015
Obtained method from public sector source	0.577	0.018	1079	1209	1.177	0.031	0.542	0.613
Want no more children	0.540	0.010	2852	2970	1.082	0.019	0.520	0.561
Want to delay birth at least 2 years	0.269	0.010	2852	2970	1.255	0.039	0.248	0.290
Ideal number of children	3.163	0.025	5131	5390	1.079	0.008	3.113	3.214
Mothers received tetanus injection for last birth	0.782	0.010	2350	2411	1.127	0.012	0.762	0.801
Mothers received medical care at delivery	0.501	0.012	3027	3069	1.163	0.024	0.477	0.524
Child had diarrhoea in the past 2 weeks	0.147	0.008	2738	2770	1.155	0.055	0.131	0.163
Treated with ORS packets	0.414	0.031	409	406	1.225	0.076	0.352	0.477
Consulted medical personnel	0.200	0.021	409	406	1.008	0.104	0.158	0.242
Child having health card, seen	0.776	0.023	541	560	1.277	0.030	0.730	0.822
Child received BCG vaccination	0.964	0.010	541	560	1.240	0.010	0.944	0.984
Child received DPT vaccination (3 doses)	0.825	0.022	541	560	1.346	0.027	0.781	0.869
Child received polio vaccination (3 doses)	0.790	0.021	541	560	1.211	0.027	0.747	0.833
Child received measles vaccination	0.838	0.017	541	560	1.039	0.020	0.805	0.871
Child fully immunized	0.678	0.025	541	560	1.206	0.036	0.628	0.727
Height-for-age (-2SD)	0.395	0.015	1447	1406	1.047	0.037	0.366	0.424
Weight-for-height (-2SD)	0.044	0.007	1447	1406	1.237	0.160	0.030	0.058
Weight-for-age (-2SD)	0.204	0.012	1447	1406	1.081	0.060	0.180	0.229
Has heard of HIV/AIDS	0.917	0.005	5150	5413	1.355	0.006	0.907	0.928
Knows condoms reduce HIV/AIDS	0.751	0.008	5150	5413	1.359	0.011	0.734	0.767
Knows limiting partners reduce HIV/AIDS	0.800	0.007	5150	5413	1.318	0.009	0.785	0.815
Total fertility rate (past 3 years)	4.100	0.108	na	15017	1.287	0.026	3.884	4.316
Neonatal mortality (past 10 years)	48.744	3.647	5562	5698	1.071	0.075	41.450	56.037
Post-neonatal mortality (past 10 years)	38.183	3.134	5567	5703	1.108	0.082	31.915	44.451
Infant mortality (past 10 years)	86.926	4.745	5567	5703	1.094	0.055	77.437	96.416
Child mortality (past 10 years)	19.256	2.266	5584	5723	1.086	0.118	14.724	23.789
Under-five mortality (past 10 years)	104.509	5.520	5589	5728	1.158	0.053	93.469	115.548
HIV prevalence	0.243	0.011	2291	2295	1.186	0.044	0.221	0.264
MEN								
Urban residence	0.000	0.000	2103	2194	na	na	0.000	0.000
No education	0.203	0.010	2103	2194	1.148	0.050	0.183	0.223
With secondary education or higher	0.209	0.015	2103	2194	1.671	0.071	0.179	0.238
Never married (in union)	0.525	0.012	2103	2194	1.128	0.023	0.501	0.550
Currently married (in union)	0.409	0.011	2103	2194	1.055	0.028	0.387	0.432
Had first sex before age 18	0.232	0.013	1124	1159	1.016	0.055	0.206	0.257
Knowing any contraceptive method	0.978	0.005	905	898	0.943	0.005	0.969	0.987
Knowing any modern contraceptive method	0.971	0.006	905	898	1.034	0.006	0.960	0.983
Want no more children	0.470	0.017	905	898	1.008	0.036	0.437	0.504
Want to delay birth at least 2 years	0.285	0.015	905	898	1.014	0.053	0.255	0.316
Ideal number of children	3.769	0.051	2079	2171	1.116	0.013	3.668	3.871
Has heard of HIV/AIDS	0.913	0.007	1868	1942	1.059	0.008	0.900	0.927
Knows condoms reduce HIV/AIDS	0.667	0.012	1868	1942	1.060	0.017	0.644	0.690
Knows limiting partners reduce HIV/AIDS	0.723	0.012	1868	1942	1.111	0.016	0.700	0.746
HIV prevalence (15-49)	0.186	0.011	1570	1606	1.165	0.062	0.163	0.208
HIV prevalence (15-59)	0.181	0.011	1766	1809	1.203	0.061	0.159	0.204

na = Not applicable

Table B.5 Sampling errors for Lowlands sample, Lesotho 2004

Variable	Value (R)	Stand- ard error (SE)	Number of cases		Design effect (DEFT)	Rela- tive error (SE/R)	Confidence limits	
			Un- weighted (N)	Weight- ed (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.363	0.013	3118	4299	1.535	0.036	0.337	0.390
No education	0.011	0.002	3118	4299	0.871	0.148	0.008	0.014
With secondary education or higher	0.472	0.012	3118	4299	1.288	0.024	0.449	0.495
Never married (in union)	0.362	0.010	3118	4299	1.144	0.027	0.343	0.382
Currently married (in union)	0.496	0.011	3118	4299	1.256	0.023	0.473	0.518
Had first sex before age 18	0.352	0.010	2386	3309	1.051	0.029	0.332	0.373
Children ever born	1.884	0.038	3118	4299	1.032	0.020	1.809	1.960
Children surviving	1.695	0.033	3118	4299	1.005	0.020	1.629	1.762
Children ever born to women 40-49	4.433	0.102	585	819	1.133	0.023	4.228	4.638
Knowing any contraceptive method	0.993	0.003	1556	2132	1.342	0.003	0.987	0.999
Knowing any modern contraceptive method	0.993	0.003	1556	2132	1.342	0.003	0.987	0.999
Ever used any contraceptive method	0.832	0.010	1556	2132	1.045	0.012	0.812	0.852
Currently using any contraceptive method	0.457	0.015	1556	2132	1.177	0.033	0.427	0.487
Currently using a modern method	0.440	0.016	1556	2132	1.235	0.035	0.409	0.471
Currently using pill	0.140	0.010	1556	2132	1.100	0.069	0.121	0.160
Currently using IUCD	0.029	0.004	1556	2132	0.935	0.137	0.021	0.037
Currently using condom	0.063	0.007	1556	2132	1.171	0.114	0.049	0.078
Currently using injectables	0.180	0.012	1556	2132	1.218	0.066	0.156	0.203
Currently using female sterilization	0.027	0.004	1556	2132	1.062	0.161	0.018	0.036
Currently using rhythm or periodic abstinence	0.001	0.001	1556	2132	0.996	1.002	0.000	0.002
Currently using withdrawal	0.005	0.002	1556	2132	1.084	0.391	0.001	0.009
Obtained method from public sector source	0.533	0.019	994	1322	1.169	0.035	0.496	0.570
Want no more children	0.563	0.014	1556	2132	1.092	0.024	0.535	0.590
Want to delay birth at least 2 years	0.241	0.014	1556	2132	1.302	0.059	0.213	0.269
Ideal number of children	2.850	0.027	3107	4282	0.952	0.009	2.797	2.903
Mothers received tetanus injection for last birth	0.804	0.014	1097	1508	1.164	0.017	0.776	0.832
Mothers received medical care at delivery	0.648	0.016	1284	1771	1.111	0.025	0.615	0.680
Child had diarrhoea in the past 2 weeks	0.137	0.012	1160	1605	1.206	0.089	0.112	0.161
Treated with ORS packets	0.486	0.051	155	220	1.261	0.104	0.385	0.588
Consulted medical personnel	0.249	0.035	155	220	1.029	0.143	0.178	0.319
Child having health card, seen	0.811	0.029	247	348	1.191	0.036	0.753	0.870
Child received BCG vaccination	0.960	0.015	247	348	1.224	0.016	0.930	0.990
Child received DPT vaccination (3 doses)	0.836	0.034	247	348	1.442	0.040	0.769	0.903
Child received polio vaccination (3 doses)	0.846	0.028	247	348	1.221	0.033	0.790	0.901
Child received measles vaccination	0.854	0.023	247	348	1.022	0.027	0.808	0.899
Child fully immunized	0.693	0.037	247	348	1.264	0.053	0.619	0.766
Height-for-age (-2SD)	0.329	0.021	612	794	1.052	0.065	0.286	0.371
Weight-for-height (-2SD)	0.037	0.010	612	794	1.262	0.268	0.017	0.056
Weight-for-age (-2SD)	0.142	0.015	612	794	1.015	0.106	0.112	0.172
Has heard of HIV/AIDS	0.975	0.003	3118	4299	1.134	0.003	0.968	0.981
Knows condoms reduce HIV/AIDS	0.823	0.009	3118	4299	1.275	0.011	0.806	0.840
Knows limiting partners reduce HIV/AIDS	0.867	0.007	3118	4299	1.231	0.009	0.852	0.882
Total fertility rate (past 3 years)	2.873	0.131	na	12030	1.289	0.046	2.611	3.135
Neonatal mortality (past 10 years)	39.148	4.990	2526	3499	1.208	0.127	29.169	49.128
Post-neonatal mortality (past 10 years)	37.095	3.897	2528	3503	0.974	0.105	29.301	44.889
Infant mortality (past 10 years)	76.243	6.175	2528	3503	1.080	0.081	63.894	88.592
Child mortality (past 10 years)	18.691	3.072	2535	3515	1.079	0.164	12.548	24.835
Under-five mortality (past 10 years)	93.509	7.211	2537	3519	1.135	0.077	79.088	107.931
HIV prevalence	0.280	0.014	1303	1843	1.118	0.050	0.252	0.308
MEN								
Urban residence	0.322	0.019	1248	1734	1.420	0.058	0.284	0.359
No education	0.096	0.009	1248	1734	1.090	0.095	0.078	0.114
With secondary education or higher	0.351	0.021	1248	1734	1.569	0.060	0.308	0.393
Never married (in union)	0.531	0.015	1248	1734	1.082	0.029	0.500	0.561
Currently married (in union)	0.399	0.014	1248	1734	0.988	0.034	0.372	0.426
Had first sex before age 18	0.239	0.016	677	961	0.989	0.068	0.207	0.272
Knowing any contraceptive method	0.994	0.003	488	692	0.940	0.003	0.987	1.000
Knowing any modern contraceptive method	0.992	0.004	488	692	0.958	0.004	0.984	1.000
Want no more children	0.493	0.023	488	692	0.999	0.046	0.447	0.538
Want to delay birth at least 2 years	0.240	0.022	488	692	1.119	0.090	0.196	0.283
Ideal number of children	3.307	0.062	1241	1724	1.174	0.019	3.182	3.431
Has heard of HIV/AIDS	0.964	0.005	1116	1553	0.935	0.005	0.954	0.975
Knows condoms reduce HIV/AIDS	0.757	0.013	1116	1553	1.042	0.018	0.730	0.784
Knows limiting partners reduce HIV/AIDS	0.797	0.012	1116	1553	1.019	0.015	0.772	0.821
HIV prevalence (15-49)	0.204	0.016	858	1235	1.176	0.079	0.172	0.236
HIV prevalence (15-59)	0.200	0.016	958	1381	1.259	0.081	0.168	0.233
na = Not applicable								

Table B.6 Sampling errors for Foothills sample, Lesotho 2004

Variable	Value (R)	Stand- ard error (SE)	Number of cases		Design effect (DEFT)	Rela- tive error (SE/R)	Confidence limits	
			Un- weighted (N)	Weight- ed (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.000	0.000	999	787	na	na	0.000	0.000
No education	0.018	0.004	999	787	1.060	0.251	0.009	0.026
With secondary education or higher	0.289	0.028	999	787	1.942	0.096	0.233	0.345
Never married (in union)	0.284	0.019	999	787	1.316	0.066	0.247	0.322
Currently married (in union)	0.579	0.022	999	787	1.377	0.037	0.536	0.622
Had first sex before age 18	0.458	0.020	737	588	1.066	0.043	0.419	0.497
Children ever born	2.251	0.061	999	787	0.818	0.027	2.129	2.372
Children surviving	2.037	0.063	999	787	0.934	0.031	1.910	2.163
Children ever born to women 40-49	5.055	0.136	180	145	0.769	0.027	4.783	5.326
Knowing any contraceptive method	0.981	0.009	568	456	1.501	0.009	0.964	0.998
Knowing any modern contraceptive method	0.981	0.009	568	456	1.501	0.009	0.964	0.998
Ever used any contraceptive method	0.717	0.026	568	456	1.370	0.036	0.665	0.768
Currently using any contraceptive method	0.316	0.021	568	456	1.073	0.066	0.274	0.358
Currently using a modern method	0.286	0.021	568	456	1.097	0.073	0.244	0.327
Currently using pill	0.073	0.015	568	456	1.347	0.202	0.043	0.102
Currently using IUCD	0.017	0.006	568	456	1.054	0.335	0.006	0.029
Currently using condom	0.032	0.010	568	456	1.311	0.301	0.013	0.052
Currently using injectables	0.121	0.013	568	456	0.967	0.109	0.094	0.147
Currently using female sterilization	0.042	0.011	568	456	1.353	0.270	0.020	0.065
Currently using rhythm or periodic abstinence	0.000	0.000	568	456	na	na	0.000	0.000
Currently using withdrawal	0.005	0.003	568	456	1.042	0.624	0.000	0.011
Obtained method from public sector source	0.543	0.038	187	147	1.039	0.070	0.468	0.619
Want no more children	0.562	0.018	568	456	0.869	0.032	0.525	0.598
Want to delay birth at least 2 years	0.250	0.014	568	456	0.772	0.056	0.222	0.278
Ideal number of children	3.189	0.070	996	785	1.358	0.022	3.048	3.329
Mothers received tetanus injection for last birth	0.708	0.027	446	351	1.243	0.038	0.655	0.762
Mothers received medical care at delivery	0.442	0.031	576	456	1.371	0.071	0.379	0.505
Child had diarrhoea in the past 2 weeks	0.182	0.012	530	418	0.718	0.066	0.158	0.206
Treated with ORS packets	0.319	0.038	109	76	0.787	0.119	0.243	0.395
Consulted medical personnel	0.161	0.025	109	76	0.655	0.153	0.112	0.210
Child having health card, seen	0.823	0.038	102	76	0.991	0.047	0.746	0.900
Child received BCG vaccination	0.944	0.027	102	76	1.155	0.029	0.890	0.998
Child received DPT vaccination (3 doses)	0.862	0.031	102	76	0.886	0.036	0.800	0.925
Child received polio vaccination (3 doses)	0.780	0.039	102	76	0.930	0.050	0.702	0.859
Child received measles vaccination	0.831	0.039	102	76	1.010	0.046	0.754	0.908
Child fully immunized	0.670	0.042	102	76	0.872	0.062	0.587	0.754
Height-for-age (-2SD)	0.389	0.033	284	218	1.133	0.085	0.323	0.454
Weight-for-height (-2SD)	0.040	0.013	284	218	1.096	0.311	0.015	0.066
Weight-for-age (-2SD)	0.210	0.028	284	218	1.127	0.132	0.154	0.266
Has heard of HIV/AIDS	0.895	0.017	999	787	1.720	0.019	0.862	0.928
Knows condoms reduce HIV/AIDS	0.734	0.022	999	787	1.573	0.030	0.690	0.778
Knows limiting partners reduce HIV/AIDS	0.805	0.018	999	787	1.420	0.022	0.769	0.841
Total fertility rate (past 3 years)	4.282	0.232	na	2190	1.258	0.054	3.817	4.746
Neonatal mortality (past 10 years)	43.235	7.190	1091	877	1.036	0.166	28.854	57.616
Post-neonatal mortality (past 10 years)	39.052	6.333	1092	878	1.025	0.162	26.386	51.719
Infant mortality (past 10 years)	82.287	11.204	1092	878	1.300	0.136	59.879	104.696
Child mortality (past 10 years)	20.696	5.380	1094	880	1.120	0.260	9.936	31.455
Under-five mortality (past 10 years)	101.280	12.235	1095	880	1.268	0.121	76.809	125.751
HIV prevalence	0.242	0.029	417	333	1.397	0.121	0.183	0.301
MEN								
Urban residence	0.000	0.000	392	307	na	na	0.000	0.000
No education	0.194	0.020	392	307	0.999	0.103	0.154	0.234
With secondary education or higher	0.181	0.037	392	307	1.896	0.204	0.107	0.255
Never married (in union)	0.503	0.031	392	307	1.208	0.061	0.442	0.564
Currently married (in union)	0.429	0.035	392	307	1.411	0.082	0.359	0.500
Had first sex before age 18	0.230	0.027	210	166	0.928	0.117	0.176	0.284
Knowing any contraceptive method	0.972	0.013	165	132	1.023	0.014	0.946	0.998
Knowing any modern contraceptive method	0.963	0.020	165	132	1.368	0.021	0.923	1.000
Want no more children	0.432	0.041	165	132	1.069	0.096	0.349	0.515
Want to delay birth at least 2 years	0.308	0.036	165	132	0.993	0.116	0.237	0.380
Ideal number of children	3.891	0.108	387	302	1.050	0.028	3.674	4.107
Has heard of HIV/AIDS	0.893	0.015	350	274	0.933	0.017	0.862	0.924
Knows condoms reduce HIV/AIDS	0.620	0.027	350	274	1.029	0.043	0.567	0.674
Knows limiting partners reduce HIV/AIDS	0.715	0.030	350	274	1.245	0.042	0.655	0.775
HIV prevalence (15-49)	0.169	0.025	270	231	1.088	0.147	0.119	0.218
HIV prevalence (15-59)	0.170	0.025	299	256	1.156	0.148	0.119	0.220

na = Not applicable

Table B.7 Sampling errors for Mountains sample, Lesotho 2004

Variable	Value (R)	Stand- ard error (SE)	Number of cases		Design effect (DEFT)	Rela- tive error (SE/R)	Confidence limits	
			Un- weighted (N)	Weight- ed (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.048	0.003	2274	1572	0.759	0.071	0.041	0.055
No education	0.046	0.005	2274	1572	1.169	0.112	0.036	0.056
With secondary education or higher	0.213	0.013	2274	1572	1.553	0.063	0.186	0.240
Never married (in union)	0.261	0.011	2274	1572	1.225	0.043	0.239	0.284
Currently married (in union)	0.591	0.012	2274	1572	1.171	0.020	0.567	0.615
Had first sex before age 18	0.433	0.015	1705	1177	1.280	0.036	0.402	0.464
Children ever born	2.409	0.049	2274	1572	0.967	0.020	2.312	2.506
Children surviving	2.113	0.043	2274	1572	0.950	0.020	2.028	2.199
Children ever born to women 40-49	5.189	0.127	395	281	1.009	0.025	4.935	5.444
Knowing any contraceptive method	0.959	0.007	1295	929	1.277	0.007	0.945	0.973
Knowing any modern contraceptive method	0.951	0.007	1295	929	1.181	0.007	0.937	0.965
Ever used any contraceptive method	0.612	0.020	1295	929	1.484	0.033	0.572	0.652
Currently using any contraceptive method	0.215	0.018	1295	929	1.562	0.083	0.180	0.251
Currently using a modern method	0.191	0.017	1295	929	1.552	0.089	0.157	0.225
Currently using pill	0.061	0.007	1295	929	1.045	0.114	0.047	0.075
Currently using IUCD	0.005	0.002	1295	929	1.243	0.489	0.000	0.010
Currently using condom	0.024	0.005	1295	929	1.113	0.198	0.014	0.033
Currently using injectables	0.083	0.011	1295	929	1.433	0.132	0.061	0.105
Currently using female sterilization	0.018	0.004	1295	929	0.992	0.205	0.010	0.025
Currently using rhythm or periodic abstinence	0.000	0.000	1295	929	na	na	0.000	0.000
Currently using withdrawal	0.018	0.004	1295	929	1.143	0.233	0.010	0.027
Obtained method from public sector source	0.734	0.025	394	239	1.139	0.035	0.683	0.785
Want no more children	0.471	0.016	1295	929	1.176	0.035	0.438	0.503
Want to delay birth at least 2 years	0.308	0.015	1295	929	1.135	0.047	0.278	0.337
Ideal number of children	3.429	0.050	2267	1566	1.298	0.014	3.330	3.529
Mothers received tetanus injection for last birth	0.788	0.013	1091	810	1.053	0.016	0.763	0.813
Mothers received medical care at delivery	0.425	0.016	1468	1105	1.145	0.037	0.394	0.457
Child had diarrhoea in the past 2 weeks	0.124	0.012	1317	988	1.297	0.093	0.101	0.147
Treated with ORS packets	0.390	0.050	164	123	1.320	0.129	0.290	0.491
Consulted medical personnel	0.207	0.035	164	123	1.108	0.169	0.137	0.278
Child having health card, seen	0.711	0.041	268	198	1.522	0.057	0.630	0.793
Child received BCG vaccination	0.973	0.011	268	198	1.145	0.011	0.951	0.995
Child received DPT vaccination (3 doses)	0.796	0.029	268	198	1.200	0.036	0.739	0.853
Child received polio vaccination (3 doses)	0.717	0.035	268	198	1.310	0.049	0.646	0.787
Child received measles vaccination	0.853	0.022	268	198	1.032	0.025	0.809	0.896
Child fully immunized	0.671	0.035	268	198	1.245	0.052	0.601	0.741
Height-for-age (-2SD)	0.450	0.020	656	488	0.990	0.044	0.411	0.490
Weight-for-height (-2SD)	0.042	0.009	656	488	1.150	0.225	0.023	0.060
Weight-for-age (-2SD)	0.266	0.024	656	488	1.327	0.088	0.219	0.313
Has heard of HIV/AIDS	0.844	0.010	2274	1572	1.370	0.012	0.823	0.865
Knows condoms reduce HIV/AIDS	0.653	0.012	2274	1572	1.216	0.019	0.629	0.677
Knows limiting partners reduce HIV/AIDS	0.708	0.012	2274	1572	1.251	0.017	0.684	0.732
Total fertility rate (past 3 years)	4.886	0.156	na	4348	1.152	0.032	4.573	5.199
Neonatal mortality (past 10 years)	56.291	5.438	2663	1964	0.983	0.097	45.415	67.167
Post-neonatal mortality (past 10 years)	40.402	5.944	2667	1967	1.460	0.147	28.514	52.290
Infant mortality (past 10 years)	96.693	7.458	2667	1967	1.105	0.077	81.778	111.609
Child mortality (past 10 years)	22.426	3.406	2670	1970	1.118	0.152	15.614	29.238
Under-five mortality (past 10 years)	116.951	8.567	2674	1973	1.181	0.073	99.816	134.085
HIV prevalence	0.233	0.016	977	663	1.164	0.068	0.201	0.264
MEN								
Urban residence	0.049	0.004	877	585	0.525	0.078	0.041	0.057
No education	0.370	0.020	877	585	1.237	0.055	0.330	0.411
With secondary education or higher	0.124	0.013	877	585	1.165	0.105	0.098	0.150
Never married (in union)	0.435	0.021	877	585	1.269	0.049	0.393	0.478
Currently married (in union)	0.513	0.020	877	585	1.168	0.038	0.473	0.552
Had first sex before age 18	0.218	0.022	499	327	1.202	0.102	0.173	0.262
Knowing any contraceptive method	0.956	0.010	441	300	1.055	0.011	0.936	0.977
Knowing any modern contraceptive method	0.946	0.012	441	300	1.089	0.012	0.923	0.970
Want no more children	0.367	0.026	441	300	1.135	0.071	0.314	0.419
Want to delay birth at least 2 years	0.339	0.024	441	300	1.069	0.071	0.291	0.387
Ideal number of children	4.230	0.082	868	579	1.053	0.019	4.067	4.394
Has heard of HIV/AIDS	0.847	0.016	782	522	1.218	0.019	0.815	0.878
Knows condoms reduce HIV/AIDS	0.531	0.018	782	522	0.988	0.033	0.495	0.566
Knows limiting partners reduce HIV/AIDS	0.643	0.018	782	522	1.071	0.029	0.607	0.680
HIV prevalence (15-49)	0.177	0.018	653	427	1.211	0.102	0.140	0.213
HIV prevalence (15-59)	0.173	0.017	737	479	1.232	0.099	0.139	0.208

na = Not applicable

Table B.8 Sampling errors for Senqu River Valley sample, Lesotho 2004

Variable	Value (R)	Stand- ard error (SE)	Number of cases		Design effect (DEFT)	Rela- tive error (SE/R)	Confidence limits	
			Un- weighted (N)	Weight- ed (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.101	0.018	704	437	1.546	0.174	0.066	0.136
No education	0.028	0.006	704	437	0.969	0.214	0.016	0.040
With secondary education or higher	0.346	0.028	704	437	1.576	0.082	0.290	0.403
Never married (in union)	0.413	0.026	704	437	1.384	0.062	0.361	0.464
Currently married (in union)	0.439	0.025	704	437	1.347	0.058	0.388	0.489
Had first sex before age 18	0.485	0.021	506	312	0.959	0.044	0.442	0.528
Children ever born	2.119	0.087	704	437	0.985	0.041	1.945	2.292
Children surviving	1.854	0.079	704	437	1.034	0.042	1.697	2.011
Children ever born to women 40-49	5.092	0.275	145	88	1.344	0.054	4.543	5.642
Knowing any contraceptive method	0.997	0.003	307	191	1.003	0.003	0.990	1.000
Knowing any modern contraceptive method	0.997	0.003	307	191	1.003	0.003	0.990	1.000
Ever used any contraceptive method	0.799	0.036	307	191	1.564	0.045	0.727	0.870
Currently using any contraceptive method	0.339	0.024	307	191	0.902	0.072	0.290	0.388
Currently using a modern method	0.310	0.025	307	191	0.955	0.081	0.260	0.361
Currently using pill	0.073	0.013	307	191	0.887	0.180	0.047	0.100
Currently using IUCD	0.014	0.005	307	191	0.734	0.354	0.004	0.024
Currently using condom	0.035	0.013	307	191	1.210	0.362	0.010	0.061
Currently using injectables	0.148	0.030	307	191	1.470	0.201	0.089	0.208
Currently using female sterilization	0.040	0.012	307	191	1.057	0.297	0.016	0.063
Currently using rhythm or periodic abstinence	0.000	0.000	307	191	na	na	0.000	0.000
Currently using withdrawal	0.021	0.010	307	191	1.241	0.484	0.001	0.041
Obtained method from public sector source	0.628	0.047	173	100	1.287	0.075	0.534	0.723
Want no more children	0.597	0.022	307	191	0.797	0.037	0.552	0.642
Want to delay birth at least 2 years	0.218	0.025	307	191	1.039	0.112	0.169	0.267
Ideal number of children	2.825	0.074	704	437	1.331	0.026	2.677	2.973
Mothers received tetanus injection for last birth	0.803	0.025	294	190	1.101	0.031	0.752	0.853
Mothers received medical care at delivery	0.663	0.031	369	239	1.200	0.047	0.600	0.726
Child had diarrhoea in the past 2 weeks	0.135	0.017	333	215	0.891	0.125	0.101	0.169
Treated with ORS packets	0.294	0.045	46	29	0.662	0.153	0.204	0.384
Consulted medical personnel	0.134	0.044	46	29	0.867	0.324	0.047	0.221
Child having health card, seen	0.716	0.071	56	38	1.231	0.099	0.574	0.858
Child received BCG vaccination	1.000	0.000	56	38	na	0.000	1.000	1.000
Child received DPT vaccination (3 doses)	0.854	0.049	56	38	1.092	0.058	0.755	0.953
Child received polio vaccination (3 doses)	0.811	0.064	56	38	1.267	0.079	0.683	0.938
Child received measles vaccination	0.821	0.066	56	38	1.350	0.081	0.688	0.953
Child fully immunized	0.594	0.068	56	38	1.076	0.114	0.458	0.729
Height-for-age (-2SD)	0.446	0.039	192	120	1.004	0.087	0.368	0.523
Weight-for-height (-2SD)	0.096	0.033	192	120	1.488	0.340	0.031	0.162
Weight-for-age (-2SD)	0.274	0.033	192	120	1.041	0.121	0.208	0.340
Has heard of HIV/AIDS	0.958	0.018	704	437	2.318	0.018	0.923	0.993
Knows condoms reduce HIV/AIDS	0.821	0.023	704	437	1.559	0.027	0.776	0.867
Knows limiting partners reduce HIV/AIDS	0.857	0.019	704	437	1.474	0.023	0.818	0.896
Total fertility rate (past 3 years)	4.029	0.260	na	1201	1.007	0.065	3.508	4.549
Neonatal mortality (past 10 years)	38.742	9.751	675	430	1.268	0.252	19.240	58.245
Post-neonatal mortality (past 10 years)	43.949	11.017	675	430	1.449	0.251	21.916	65.983
Infant mortality (past 10 years)	82.692	14.257	675	430	1.358	0.172	54.178	111.206
Child mortality (past 10 years)	19.515	7.267	679	432	1.170	0.372	4.980	34.050
Under-five mortality (past 10 years)	100.593	14.194	679	432	1.238	0.141	72.205	128.982
HIV prevalence	0.251	0.024	335	192	1.019	0.096	0.203	0.299
MEN								
Urban residence	0.097	0.027	280	171	1.515	0.277	0.043	0.151
No education	0.209	0.037	280	171	1.502	0.175	0.136	0.282
With secondary education or higher	0.211	0.037	280	171	1.507	0.174	0.138	0.285
Never married (in union)	0.521	0.033	280	171	1.107	0.064	0.455	0.587
Currently married (in union)	0.394	0.034	280	171	1.179	0.088	0.325	0.463
Had first sex before age 18	0.311	0.047	151	93	1.251	0.152	0.216	0.405
Knowing any contraceptive method	1.000	0.000	113	67	na	0.000	1.000	1.000
Knowing any modern contraceptive method	0.991	0.009	113	67	1.035	0.009	0.972	1.000
Want no more children	0.557	0.059	113	67	1.261	0.106	0.438	0.675
Want to delay birth at least 2 years	0.264	0.052	113	67	1.244	0.196	0.160	0.367
Ideal number of children	3.655	0.139	276	169	1.297	0.038	3.378	3.932
Has heard of HIV/AIDS	0.957	0.022	247	148	1.702	0.023	0.913	1.000
Knows condoms reduce HIV/AIDS	0.780	0.030	247	148	1.149	0.039	0.719	0.840
Knows limiting partners reduce HIV/AIDS	0.809	0.031	247	148	1.246	0.039	0.747	0.871
HIV prevalence (15-49)	0.176	0.031	221	119	1.205	0.176	0.114	0.238
HIV prevalence (15-59)	0.172	0.023	252	138	0.966	0.134	0.126	0.218

na = Not applicable

Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Lesotho 2004

Age	Female		Male		Age	Female		Male	
	Number	Per-centage	Number	Per-centage		Number	Per-centage	Number	Per-centage
0	377	2.2	408	2.6	36	173	1.0	122	0.8
1	376	2.2	369	2.4	37	126	0.7	88	0.6
2	412	2.4	420	2.7	38	145	0.8	116	0.8
3	394	2.3	405	2.6	39	152	0.9	131	0.8
4	394	2.3	414	2.7	40	168	1.0	94	0.6
5	351	2.0	393	2.5	41	156	0.9	78	0.5
6	455	2.6	467	3.0	42	146	0.8	99	0.6
7	487	2.8	450	2.9	43	128	0.7	83	0.5
8	432	2.5	475	3.1	44	161	0.9	105	0.7
9	423	2.5	457	2.9	45	130	0.8	80	0.5
10	445	2.6	496	3.2	46	149	0.9	89	0.6
11	481	2.8	443	2.9	47	113	0.7	87	0.6
12	508	2.9	501	3.2	48	121	0.7	98	0.6
13	522	3.0	518	3.3	49	93	0.5	72	0.5
14	522	3.0	502	3.2	50	155	0.9	90	0.6
15	334	1.9	464	3.0	51	145	0.8	57	0.4
16	388	2.2	466	3.0	52	183	1.1	100	0.6
17	349	2.0	379	2.4	53	120	0.7	63	0.4
18	386	2.2	392	2.5	54	154	0.9	91	0.6
19	337	2.0	344	2.2	55	107	0.6	46	0.3
20	324	1.9	335	2.2	56	146	0.8	84	0.5
21	328	1.9	299	1.9	57	111	0.6	69	0.4
22	315	1.8	319	2.1	58	95	0.6	66	0.4
23	248	1.4	269	1.7	59	110	0.6	53	0.3
24	301	1.7	276	1.8	60	98	0.6	79	0.5
25	262	1.5	222	1.4	61	63	0.4	89	0.6
26	215	1.2	226	1.5	62	128	0.7	113	0.7
27	204	1.2	203	1.3	63	73	0.4	54	0.4
28	193	1.1	167	1.1	64	150	0.9	107	0.7
29	212	1.2	191	1.2	65	87	0.5	62	0.4
30	184	1.1	190	1.2	66	75	0.4	76	0.5
31	159	0.9	151	1.0	67	60	0.3	40	0.3
32	188	1.1	154	1.0	68	98	0.6	55	0.4
33	141	0.8	110	0.7	69	69	0.4	53	0.3
34	172	1.0	152	1.0	70+	1,052	6.1	556	3.6
35	160	0.9	102	0.7	Don't know/ missing	28	0.2	17	0.1
Total						17,252	100.0	15,495	100.0

Table C.2 Age distribution of eligible and interviewed women

De facto household population of women age 10-54 and men age 10-64, interviewed women age 15-49 and men age 15-59, and percentage of eligible women and men who were interviewed (weighted), by five-year age groups, Lesotho 2004

Age group	Household population of women age 10-54	Interviewed women age 15-49		Percent of women
		Number	Percent	
10-14	2,480	na	na	na
15-19	1,793	1,661	24.1	92.6
20-24	1,517	1,428	20.7	94.1
25-29	1,085	1,015	14.7	93.6
30-34	844	802	11.6	95.0
25-39	757	710	10.3	93.8
40-44	760	715	10.4	94.1
45-49	607	567	8.2	93.4
50-54	757	na	na	na
15-49	7,363	6,898	100.0	93.7

Age group	Household population of men age 10-64	Interviewed men age 15-59		Percent of men
		Number	Percent	
10-14	1,246	na	na	na
15-19	877	739	27.0	84.2
20-24	600	495	18.1	82.4
25-29	434	357	13.1	82.2
30-34	354	301	11.0	85.2
25-39	271	227	8.3	83.7
40-44	194	156	5.7	80.6
45-49	195	171	6.2	87.3
50-54	188	162	5.9	86.0
55-59	145	127	4.6	87.2
60-64	244	na	na	na
15-59	3,259	2,734	100.0	83.9

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of women and interviewed women are household weights. Age is based on the household schedule.
na = Not applicable

Table C.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Lesotho 2004

Subject	Reference group	Percentage with missing information	Number of cases
Birth date	Births in the 15 years preceding the survey		
Month only		0.69	9,691
Month and year		0.17	9,691
Age at death	Deceased children born in the 15 years preceding the survey	0.66	943
Age/date at first union ¹	Ever-married women age 15-49	1.09	4,722
Respondent's education	All women age 15-49	0.21	7,095
Diarrhoea in last 2 weeks	Living children age 0-59 months	4.28	3,227
Anthropometry	Living children age 0-59 months (from the household questionnaire)		
Height		8.28	1,937
Weight		7.76	1,937
Height or weight		8.38	1,937
Anaemia			
Children	Living children age 0-59 months (from the household questionnaire)	17.09	1,730
Women	All women age 15-49 (from the household questionnaire)	26.45	3,672

¹ Both year and age missing

Table C.4 Births by calendar years

Number of births, percentage with complete birth date, sex ratio at birth, and calendar year ratio by calendar year, according to living, dead, and total children (weighted), Lesotho 2004

Calendar year	Number of births			Percentage with complete birth date ¹			Sex ratio at birth ²			Calendar year ratio ³		
	Living	Dead	Total	Living	Dead	Total	Living	Dead	Total	Living	Dead	Total
2004	673	48	721	100.0	95.2	99.7	84.8	63.4	83.2	na	na	na
2003	669	86	755	99.7	100.0	99.7	109.3	71.3	104.2	101.7	176.8	106.8
2002	644	49	693	100.0	100.0	100.0	96.0	100.4	96.3	100.4	63.5	96.4
2001	614	69	683	99.6	96.7	99.3	89.8	117.9	92.3	100.4	107.7	101.1
2000	579	80	659	100.0	93.8	99.3	96.4	106.6	97.6	99.1	119.7	101.2
1999	556	64	619	99.1	97.2	98.9	95.3	48.9	89.3	92.8	78.6	91.1
1998	619	82	701	99.3	96.8	99.0	112.3	72.7	106.8	108.1	125.5	109.9
1997	589	68	657	99.4	95.4	99.0	106.9	67.0	101.9	97.8	99.3	97.9
1996	586	54	639	99.7	98.2	99.5	91.8	76.8	90.5	104.5	95.1	103.6
2001-2005	2,602	252	2,854	99.8	98.2	99.7	94.8	85.8	93.9	na	na	na
1996-2000	2,929	347	3,276	99.5	96.1	99.1	100.5	73.6	97.2	na	na	na
1991-1995	2,650	285	2,935	99.2	94.1	98.7	104.0	83.7	101.8	na	na	na
1986-1990	2,283	238	2,521	98.8	92.3	98.2	93.6	83.7	92.7	na	na	na
< 1986	2,560	439	2,998	99.0	97.1	98.8	98.5	85.8	96.5	na	na	na
All	13,023	1,561	14,584	99.3	95.8	98.9	98.4	82.3	96.5	na	na	na

na = Not applicable

¹ Both year and month of birth given

² $(Bm/Bf) \times 100$, where Bm and Bf are the numbers of male and female births, respectively

³ $[2Bx/(Bx-1 + Bx+1)] \times 100$, where Bx is the number of births in calendar year x

Table C.5 Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods of birth preceding the survey (weighted), Lesotho 2004

Age at death (days)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1	47	49	46	26	169
1	53	39	28	20	140
2	12	10	16	3	40
3	6	13	11	7	37
4	4	0	0	0	4
5	8	4	2	1	15
6	3	2	1	1	7
7	8	6	7	2	23
8	3	0	0	0	3
9	0	1	1	0	2
10	0	1	0	4	6
12	1	0	1	2	4
14	6	5	4	7	22
15	1	1	1	0	3
17	0	0	0	1	1
21	6	4	1	1	11
28	0	0	1	0	1
29	0	1	0	1	2
30	0	0	4	0	4
31+	0	0	1	0	1
Total 0-30	159	136	123	77	495
Percent early neonatal ¹	83.8	85.9	83.5	76.7	83.2

¹ = 6 days / = 30 days

Table C.6 Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at age under one month, for five-year periods of birth preceding the survey, Lesotho 2004

Age at death (months)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1 ^a	159	136	126	77	498
1	14	20	14	21	68
2	13	17	12	6	48
3	37	14	13	7	71
4	11	6	15	8	39
5	12	4	6	4	26
6	18	9	9	6	41
7	6	9	6	4	26
8	14	7	7	4	32
9	10	6	12	5	32
10	2	4	2	0	7
11	7	3	2	6	18
12	3	1	3	4	10
13	1	0	0	2	4
14	0	2	3	0	5
15	1	0	0	0	1
16	1	0	0	0	1
17	2	0	0	2	5
18	5	1	1	5	12
19	1	0	0	0	1
20	1	0	0	0	1
21	0	0	1	0	1
23	1	1	0	0	1
1 year	8	6	12	9	34
Total 0-11	303	234	222	147	906
Percent neonatal ¹	52.4	58.3	56.8	52.3	55.0

^a Includes deaths under one month reported in days

¹ Under one month/under one year

PERSONS INVOLVED IN THE 2004 LESOTHO DEMOGRAPHIC AND HEALTH SURVEY

Appendix *D*

Administration			
Majoel Makhakhe	Survey Director	Matlokotsi Makoa	Field Coordinator
Mahlape Ramoseme	Survey/Field Coordinator	Malijane Nyabela	Field Coordinator
John Nkonyana	Survey/Field Coordinator	Thabang Mpeka	Field Coordinator
Matsotang Tsietsi	Field Coordinator		

Team 1		
Team member	Team rank	District
Thato Williams	Supervisor (Male)	Butha-Buthe & Leribe
Mantoa Mabele	Editor (Female)	
Marou Tjotjo	Male Interviewer	
Blandinah Motaung	Female Interviewer	
Tšeliso Makhele	Male Interviewer	
Tiisetso Elias	Male Interviewer	

Team 2		
Team member	Team rank	District
S. Hlalele	Supervisor (Male)	Butha-Buthe & Leribe
Tšoamathe 'Maseribane	Editor (Female)	
Tsimane Tsimane	Male Interviewer	
Khethisa Kabi	Male Interviewer	
Puleng Sello	Female Interviewer	
Sello Mahloane	Male Interviewer	
Ramalefane Tšehlana	Female Interviewer	

Team 3		
Team member	Team rank	District
Moseli Khoeli	Supervisor (Male)	Leribe & Berea
Mapitso Lebuso	Editor (Female)	
Motlalepula Fako	Male Interviewer	
Mathabiso Mapiloko	Female Interviewer	
Nkhereanye Machake	Male Interviewer	
Buasono Klass	Male Interviewer	

Team 4		
Team member	Team rank	District
Teboho Motleleng	Supervisor (Male)	Berea & Maseru
Molulela Mojakhomo	Editor (Female)	
Motloang Lemeko	Male Interviewer	
Matlotlo Maraka	Female Interviewer	
Matete Mahao	Male Interviewer	
Tlokotsi Khatlile	Male Interviewer	

Team 5		
Team member	Team rank	District
Lesiamo Lenono	Supervisor (Male)	Maseru
Masempe Moreki	Editor (Female)	
Ntoa Machema	Male Interviewer	
Matjotjela Chapfi	Female Interviewer	
Bereng Mokoara	Male Interviewer	
Bokang Phoka	Male Interviewer	

Team 6		
Team member Makanya Pholoana Mohale Ntlama	Team rank Supervisor (Male) Editor (Male)	District Maseru, Mafeteng & Mohale's Hoek
Joshua Mohapi Malile Mashaile Mamosa Tlopo John Thuso	Male Interviewer Female Interviewer Female Interviewer Male Interviewer	
Team 7		
Team member Mojalefa Mosoeu Masentle Malebo	Team rank Supervisor (Male) Editor (Female)	District Mohale's Hoek
Rerang Chabeli Matebello Tsiki Puseletso Maphalla Toka Thejane	Male Interviewer Female Interviewer Female Interviewer Male Interviewer	
Team 8		
Team member Lebohang Lephoi Maseatile Mothibeli	Team rank Supervisor (Male) Editor (Female)	District Mohale's Hoek
Phakiso Mohlakeng Mpoea SehloMeng Rahaba Mosenene Lebohang Mosuo	Male Interviewer Female Interviewer Female Interviewer Male Interviewer	
Team 9		
Team member Tseliso Phafoli Motlatsi Malitse	Team rank Supervisor (Male) Editor (Male)	District Quthing & Mohale's Hoek
Ralikonelo Jockey Teboho Makakole Motloang Behle Manneko Posholi	Male Interviewer Female Interviewer Male Interviewer Female Interviewer	
Team 10		
Team member Pheello Ramonene Ntswaki Zwane	Team rank Supervisor (Male) Editor (Female)	District Qacha's Nek, Mohale's Hoek & Maseru
Motšoanabaka Leburu Lieketseng Motjolo pane Bokang Makamole Mahase Liphoto Mahlomola Rakauoane	Male Interviewer Female Interviewer Female Interviewer Male Interviewer Male Interviewer	
Team 11		
Team member Rampa Motloheloa Joalane Putsoa	Team rank Supervisor (Male) Editor (Female)	District Thaba-Tseka
Lehlohonolo Ramphalla Thuso Tlhaole Malefetsane Molapo Lisemelo Zakia	Male Interviewer Female Interviewer Male Interviewer Female Interviewer	

Team 12		
Team member	Team rank	District
Pelesana Moerane	Supervisor (Male)	Mokhotlong
Lipalesa Selokoma	Editor (Female)	
Masienyane Seeta	Male Interviewer	
Ellen Moshesha	Female Interviewer	
Seetsa Molapo	Male Interviewer	
Khasiane Kabi	Female Interviewer	

Data Processing

Emisang Tšosane	Data Administrator	Litsietsi Nthunya	Data Clerk
Botsoa Hloaele	Supervisor	'Malydia Teli	Data Clerk
Goodman Makojoa	Supervisor	Lysbeth Mokhele	Data Clerk
Selemeng Tšosane	Secondary Editor	Matšelisio Tšepe	Data Clerk
Masebeo Koto	Secondary Editor	'Meisi Kunene	Data Clerk
Joshua Ramotšeo	Office Editor	Sandra Mthombeni	Data Clerk
Matšelisio Tšosane	Office Editor	Moneane Lefa	Data Clerk
Mokoena Makenete	Data Clerk	'Mamphuthi Phafoli	Data Clerk
Mokati Sebalo	Data Clerk	Koena Matjama	Data Clerk
Theko Marie	Data Clerk	Nthabiseng Shale	Data Clerk
Francina Pitso	Data Clerk	Mafoso Magelepo	Data Clerk

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'Maleqhoa Nyopa	Supervisor	Refiloe Sekoboto-Tikiso	Lab Technician
'Mamonyane Morebotsane	Lab Technician	Motlatsi Pelesa	Lab Technician
'Matau Lechaka	Lab Technician	Mary Sekautu	Lab Technician

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Mr. John Nkonyana
Ms. Mahlape Ramoseme

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Dr. Davis Rumisha

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Mr. Masauso Nzima
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Chapter 3 Characteristics of Survey Respondents

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Mrs. Nthabiseng Mohobane
Mr. Masauso Nzima
Mrs. 'Matsotang Tsietsi

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Mrs. 'Matlokotsi Makoa
Ms Teboho Ramonono
Ms Lipalesa Selokoma

Chapter 5 Family Planning

Mr. Tefo Lepheana
Mrs. 'Matlokotsi Makoa
Ms Lipalesa Selokoma

Chapter 6 Other Proximate Determinants of Fertility

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Mrs. 'Matlokotsi Makoa
Ms Teboho Ramonono
Ms Lipalesa Selokoma

Chapter 7 Fertility Preferences

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Mrs. 'Matlokotsi Makoa
Ms Lipalesa Selokoma

Chapter 8 Infant and Child Mortality

Dr. Campbell Katito

Chapter 9 Maternal and Child Health

Dr. Campbell Katito
 Mrs. Agnes Lephoto
 Ms Motšelisi Mathe
 Dr. M. Moteetee
 Dr. Agostino Munyiri
 Mr. John Nkonyana
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Dr. Campbell Katito

Chapter 15 Father's Participation in Family Health Care

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 Editor
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 Graphic Design

LESOTHO DEMOGRAPHIC AND HEALTH SURVEY 2004
HOUSEHOLD QUESTIONNAIRE

21 August, 2004

IDENTIFICATION																						
PLACE NAME _____	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																					
NAME OF HOUSEHOLD HEAD _____																						
EA NUMBER																						
HOUSEHOLD NUMBER																						
LESOTHO ECOLOGICAL ZONE (LOWLANDS=1, FOOTHILLS=2, MOUNTAINS=3, SENQU RIVER VALLEY=4)																						
DISTRICT ¹																						
URBAN/RURAL (URBAN=1, RURAL=2)																						
HOUSEHOLD SELECTED FOR MALE/HIV/ANEMIA/ANTHROPOMETRY? (YES=1, NO=2)																						

INTERVIEWER VISITS														
	1	2	3	FINAL VISIT										
DATE				DAY <table border="1"><tr><td></td><td></td></tr></table> MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR <table border="1"><tr><td></td><td></td><td></td></tr></table> NAME <table border="1"><tr><td></td><td></td></tr></table> RESULT <table border="1"><tr><td></td></tr></table>										
INTERVIEWER'S NAME														
RESULT*														
NEXT VISIT: DATE				TOTAL NO. OF VISITS <table border="1"><tr><td></td></tr></table>										
TIME														
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1"><tr><td></td><td></td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1"><tr><td></td><td></td></tr></table> TOTAL ELIGIBLE MEN <table border="1"><tr><td></td><td></td></tr></table> LINE NO. OF RESP. TO HOUSEHOLD QUEST. <table border="1"><tr><td></td><td></td></tr></table>										
FIELD EDITOR	SUPERVISOR		OFFICE EDITOR	KEYED BY										
NAME _____ <table border="1"><tr><td></td><td></td></tr></table>			NAME _____ <table border="1"><tr><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>				
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¹ 01=BUTHA-BUTHE; 02=LERIBE; 03=BEREA; 04=MASERU; 05=MAFETENG; 06=MOHALE'S HOEK; 07=QUTHING; 08=QASHA'S NEK; 09=MOKHOTLONG; 10=THABA-TSEKA

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	RESIDENCE				SEX	AGE	ELIGIBILITY		
			Does (NAME) usually live here, or elsewhere in Lesotho, or outside Lesotho?*	In which country outside Lesotho does (NAME) usually live?***	How long has (NAME) lived in (COUNTRY)? IF LESS THAN 1 YEAR, RECORD '00'. RECORD '98' FOR 'DON'T KNOW'.	Did (NAME) sleep here last night?			Is (NAME) male or female?	How old is (NAME) in completed years?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 WHO ARE USUAL RESIDENTS (COL. 4) AND/OR SLEPT THERE LAST NIGHT (COL. 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
			UR EL OUT 1 2 3 └─┐ GO TO 7		IN YEARS	YES NO 1 2	M F 1 2	IN YEARS			
01									01	01	01
02									02	02	02
03									03	03	03
04									04	04	04
05									05	05	05
06									06	06	06
07									07	07	07
08									08	08	08
09									09	09	09
10									10	10	10

*** CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:**

01 = HEAD
02 = SPOUSE
03 = CHILD (SON OR DAUGHTER)
04 = SON-IN-LAW/DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = GREAT GRANDCHILD
07 = PARENT/PARENT-IN-LAW
08 = SIBLING (BROTHER OR SISTER)
09 = OTHER RELATIVE
10 = DOMESTIC EMPLOYEE
11 = HERDBOY
12 = ADOPTED/FOSTER/STEPCHILD
13 = OTHER PERSON NOT RELATED

**** CODES FOR Q.4
RESIDENTIAL STATUS:**

UR = USUAL RESIDENT
EL = ELSEWHERE IN LESOTHO
OUT = OUTSIDE LESOTHO

***** CODES FOR Q.5
COUNTRY OF USUAL**

01 = RSA
02 = SWAZILAND
03 = BOTSWANA
04 = NAMIBIA
05 = ZIMBABWE
06 = ZAMBIA
07 = MOZAMBIQUE

08 = ANGOLA
09 = TANZANIA
10 = MALAWI
11 = OTHER AFRICA
12 = UNITED STATES OF AMERICA
13 = ASIA
14 = EUROPE
96 = OTHER
98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD****				EDUCATION							
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS					
	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	
	YES NO DK		YES NO DK		YES NO	LEVEL STND/FRM/YR	YES NO	YES NO	LEVEL STND/FRM/YR	YES NO	LEVEL STND/FRM/YR	
01	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 NEXT LINE		1 2 GO TO 21	1 2 GO TO 22		1 2 NEXT LINE		
02	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 NEXT LINE		1 2 GO TO 21	1 2 GO TO 22		1 2 NEXT LINE		
03	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 NEXT LINE		1 2 GO TO 21	1 2 GO TO 22		1 2 NEXT LINE		
04	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 NEXT LINE		1 2 GO TO 21	1 2 GO TO 22		1 2 NEXT LINE		
05	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 NEXT LINE		1 2 GO TO 21	1 2 GO TO 22		1 2 NEXT LINE		
06	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 NEXT LINE		1 2 GO TO 21	1 2 GO TO 22		1 2 NEXT LINE		
07	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 NEXT LINE		1 2 GO TO 21	1 2 GO TO 22		1 2 NEXT LINE		
08	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 NEXT LINE		1 2 GO TO 21	1 2 GO TO 22		1 2 NEXT LINE		
09	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 NEXT LINE		1 2 GO TO 21	1 2 GO TO 22		1 2 NEXT LINE		
10	1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 NEXT LINE		1 2 GO TO 21	1 2 GO TO 22		1 2 NEXT LINE		

**** Q.13 THROUGH Q.16:
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.

IN Q.14 AND Q.16, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

*****CODES FOR Qs. 18, 21 AND 23: EDUCATION CODES:

LEVEL:	STANDARD/FORM/YEAR:
	00 = LESS THAN 1 YEAR COMPLETED (FOR Q. 18 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 21 AND 23)
LEVEL 1 = PRIMARY	STANDARD 01-07 = LEVEL 1 (PRIMARY)
LEVEL 2 = VOCATIONAL/TECHNICAL TRAINING AFTER PRIMARY	YEAR 01-06 = LEVEL 2 (VOC/TECHN. AFTER PRIMARY)
LEVEL 3 = SECONDARY/HIGH	FORM 01-05 = LEVEL 3 (SECONDARY/HIGH)
LEVEL 4 = VOCATIONAL/TECHNICAL TRAINING AFTER SECONDARY	YEAR 01-06 = LEVEL 4 (VOC/TECHN. AFTER SECONDARY)
LEVEL 5 = COLLEGE	YEAR 01-03 = LEVEL 5 (COLLEGE)
LEVEL 6 = GRADUATE/POST GRADUATE	YEAR 01-06 = LEVEL 6 (GRADUATE/POST GRADUATE)
8 = DON'T KNOW	98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	RESIDENCE				SEX	AGE	ELIGIBILITY		
			Does (NAME) usually live here, or elsewhere in Lesotho, or outside Lesotho?*	In which country outside Lesotho does (NAME) usually live?***	How long has (NAME) lived in (COUNTRY)? IF LESS THAN 1 YEAR, RECORD '00'. RECORD '98' FOR 'DON'T KNOW'.	Did (NAME) sleep here last night?			Is (NAME) male or female?	How old is (NAME) in completed years?	CIRCLE LINE NUMBER OF ALL WOMEN AGE15-49 WHO ARE USUAL RESIDENTS (COL. 4) AND/OR SLEPT THERE LAST NIGHT (COL. 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
11		<div><div></div><div></div></div>	UR EL OUT 1 2 3 GO TO 7	<div><div></div><div></div></div>	<div><div></div><div></div></div>	YES NO 1 2	M F 1 2	IN YEARS <div><div></div><div></div></div>	11	11	11
12		<div><div></div><div></div></div>	1 2 3 GO TO 7	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 2	1 2	<div><div></div><div></div></div>	12	12	12
13		<div><div></div><div></div></div>	1 2 3 GO TO 7	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 2	1 2	<div><div></div><div></div></div>	13	13	13
14		<div><div></div><div></div></div>	1 2 3 GO TO 7	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 2	1 2	<div><div></div><div></div></div>	14	14	14
15		<div><div></div><div></div></div>	1 2 3 GO TO 7	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 2	1 2	<div><div></div><div></div></div>	15	15	15
16		<div><div></div><div></div></div>	1 2 3 GO TO 7	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 2	1 2	<div><div></div><div></div></div>	16	16	16
17		<div><div></div><div></div></div>	1 2 3 GO TO 7	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 2	1 2	<div><div></div><div></div></div>	17	17	17
18		<div><div></div><div></div></div>	1 2 3 GO TO 7	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 2	1 2	<div><div></div><div></div></div>	18	18	18
19		<div><div></div><div></div></div>	1 2 3 GO TO 7	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 2	1 2	<div><div></div><div></div></div>	19	19	19
20		<div><div></div><div></div></div>	1 2 3 GO TO 7	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 2	1 2	<div><div></div><div></div></div>	20	20	20
* CODES FOR Q.3 RELATIONSHIP TO HEAD OF HOUSEHOLD: 01 = HEAD 02 = SPOUSE 03 = CHILD (SON OR DAUGHTER) 04 = SON-IN-LAW/DAUGHTER-IN-LAW 05 = GRANDCHILD 06 = GREAT GRANDCHILD 07 = PARENT/PARENT-IN-LAW 08 = SIBLING (BROTHER OR SISTER) 09 = OTHER RELATIVE 10 = DOMESTIC EMPLOYEE 11 = HERDBOY 12 = ADOPTED/FOSTER/STEPCHILD 13 = OTHER PERSON NOT RELATED			** CODES FOR Q.4 RESIDENTIAL STATUS: UR = USUAL RESIDENT EL = ELSEWHERE IN LESOTHO OUT = OUTSIDE LESOTHO			*** CODES FOR Q.5 COUNTRY OF USUAL 01 = RSA 02 = SWAZILAND 03 = BOTSWANA 04 = NAMIBIA 05 = ZIMBABWE 06 = ZAMBIA 07 = MOZAMBIQUE			08 = ANGOLA 09 = TANZANIA 10 = MALAWI 11 = OTHER AFRICA 12 = UNITED STATES OF AMERICA 13 = ASIA 14 = EUROPE 96 = OTHER 98 = DON'T KNOW		

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD****				EDUCATION							
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS					
	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	
	YES NO DK		YES NO DK		YES NO	LEVEL STND/FRM/YR	YES NO	YES NO	LEVEL STND/FRM/YR	YES NO	LEVEL STND/FRM/YR	
11	1 2 8 GO TO 15	<input type="text"/>	1 2 8 GO TO 17	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	1 2 GO TO 21	1 2 GO TO 22	<input type="text"/>	1 2 GO TO 22	1 NEXT LINE 2	
12	1 2 8 GO TO 15	<input type="text"/>	1 2 8 GO TO 17	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	1 2 GO TO 21	1 2 GO TO 22	<input type="text"/>	1 2 GO TO 22	1 NEXT LINE 2	
13	1 2 8 GO TO 15	<input type="text"/>	1 2 8 GO TO 17	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	1 2 GO TO 21	1 2 GO TO 22	<input type="text"/>	1 2 GO TO 22	1 NEXT LINE 2	
14	1 2 8 GO TO 15	<input type="text"/>	1 2 8 GO TO 17	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	1 2 GO TO 21	1 2 GO TO 22	<input type="text"/>	1 2 GO TO 22	1 NEXT LINE 2	
15	1 2 8 GO TO 15	<input type="text"/>	1 2 8 GO TO 17	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	1 2 GO TO 21	1 2 GO TO 22	<input type="text"/>	1 2 GO TO 22	1 NEXT LINE 2	
16	1 2 8 GO TO 15	<input type="text"/>	1 2 8 GO TO 17	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	1 2 GO TO 21	1 2 GO TO 22	<input type="text"/>	1 2 GO TO 22	1 NEXT LINE 2	
17	1 2 8 GO TO 15	<input type="text"/>	1 2 8 GO TO 17	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	1 2 GO TO 21	1 2 GO TO 22	<input type="text"/>	1 2 GO TO 22	1 NEXT LINE 2	
18	1 2 8 GO TO 15	<input type="text"/>	1 2 8 GO TO 17	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	1 2 GO TO 21	1 2 GO TO 22	<input type="text"/>	1 2 GO TO 22	1 NEXT LINE 2	
19	1 2 8 GO TO 15	<input type="text"/>	1 2 8 GO TO 17	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	1 2 GO TO 21	1 2 GO TO 22	<input type="text"/>	1 2 GO TO 22	1 NEXT LINE 2	
20	1 2 8 GO TO 15	<input type="text"/>	1 2 8 GO TO 17	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	1 2 GO TO 21	1 2 GO TO 22	<input type="text"/>	1 2 GO TO 22	1 NEXT LINE 2	

**** Q.13 THROUGH Q.16:
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.

IN Q.14 AND Q.16, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

*****CODES FOR Qs. 18, 21 AND 23: EDUCATION CODES:

LEVEL:	STANDARD/FORM/YEAR:
LEVEL 1 = PRIMARY	00 = LESS THAN 1 YEAR COMPLETED (FOR Q. 18 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 21 AND 23)
LEVEL 2 = VOCATIONAL/TECHNICAL TRAINING AFTER PRIMARY	STANDARD 01-07 = LEVEL 1 (PRIMARY)
LEVEL 3 = SECONDARY/HIGH	YEAR 01-06 = LEVEL 2 (VOC/TECHN. AFTER PRIMARY)
LEVEL 4 = VOCATIONAL/TECHNICAL TRAINING AFTER SECONDARY	FORM 01-05 = LEVEL 3 (SECONDARY/HIGH)
LEVEL 5 = COLLEGE	YEAR 01-06 = LEVEL 4 (VOC/TECHN. AFTER SECONDARY)
LEVEL 6 = GRADUATE/POST GRADUATE	YEAR 01-03 = LEVEL 5 (COLLEGE)
8 = DON'T KNOW	YEAR 01-06 = LEVEL 6 (GRADUATE/POST GRADUATE)
	98 = DON'T KNOW

TICK HERE IF CONTINUATION SHEET USED <input style="width: 30px; height: 15px;" type="checkbox"/>			
Just to make sure that I have a complete listing:			
1)	Are there any other persons such as small children or infants that we have not listed?	YES <input style="width: 30px; height: 15px;" type="checkbox"/>	ENTER EACH IN TABLE NO <input style="width: 30px; height: 15px;" type="checkbox"/>
2)	In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?	YES <input style="width: 30px; height: 15px;" type="checkbox"/>	ENTER EACH IN TABLE NO <input style="width: 30px; height: 15px;" type="checkbox"/>
3)	Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?	YES <input style="width: 30px; height: 15px;" type="checkbox"/>	ENTER EACH IN TABLE NO <input style="width: 30px; height: 15px;" type="checkbox"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
24	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING11 → 26 PIPED INTO YARD/PLOT.....12 → 26 PIPED INTO SOMEONE ELSE'S YARD/PLOT13 PUBLIC TAP14 WATER FROM OPEN WELL OPEN WELL IN DWELLING21 → 26 OPEN WELL IN YARD/PLOT22 → 26 OPEN PUBLIC WELL23 WATER FROM COVERED WELL OR BOREHOLE PROTECTED WELL/BOREHOLE IN DWELLING31 → 26 PROTECTED WELL/BOREHOLE IN YARD/PLOT32 → 26 PROTECTED WELL/BOREHOLE IN SOMEONE ELSE'S YARD/PLOT ..33 PROTECTED PUBLIC WELL/BOREHOLE.....34 SURFACE WATER SPRING.....41 RIVER/STREAM42 DAM43 RAINWATER.....51 → 26 TANKER TRUCK.....61 BOTTLED WATER.....71 → 26 OTHER 96 (SPECIFY)																									
25	How long does it take you to go there, get water, and come back?	MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> ON PREMISES.....996																									
26	What kind of main toilet facilities does your household have?	FLUSH TOILET11 PIT TOILET/LATRINE TRADITIONAL PIT TOILET21 VENTILATED IMPROVED PIT (VIP) LATRINE22 NO FACILITY/BUSH/FIELD31 → 28 OTHER 96 (SPECIFY)																									
27	Do you share these facilities with other households?	YES1 NO2																									
28	Does your household have:	<table><tr><th></th><th>YES</th><th>NO</th></tr><tr><td>Electricity that is connected?</td><td>ELECTRICITY1</td><td>2</td></tr><tr><td>A battery or generator for power?</td><td>BATTERY/GENERAT/SOLAR1</td><td>2</td></tr><tr><td>A radio in working condition?</td><td>RADIO1</td><td>2</td></tr><tr><td>A television in working condition?</td><td>TELEVISION1</td><td>2</td></tr><tr><td>A telephone in working condition?</td><td>TELEPHONE.....1</td><td>2</td></tr><tr><td>A refrigerator in working condition?</td><td>REFRIGERATOR.....1</td><td>2</td></tr><tr><td>A sofa or mattress?</td><td>SOFA/MATTRESS1</td><td>2</td></tr></table>		YES	NO	Electricity that is connected?	ELECTRICITY1	2	A battery or generator for power?	BATTERY/GENERAT/SOLAR1	2	A radio in working condition?	RADIO1	2	A television in working condition?	TELEVISION1	2	A telephone in working condition?	TELEPHONE.....1	2	A refrigerator in working condition?	REFRIGERATOR.....1	2	A sofa or mattress?	SOFA/MATTRESS1	2	
	YES	NO																									
Electricity that is connected?	ELECTRICITY1	2																									
A battery or generator for power?	BATTERY/GENERAT/SOLAR1	2																									
A radio in working condition?	RADIO1	2																									
A television in working condition?	TELEVISION1	2																									
A telephone in working condition?	TELEPHONE.....1	2																									
A refrigerator in working condition?	REFRIGERATOR.....1	2																									
A sofa or mattress?	SOFA/MATTRESS1	2																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
29	What type of fuel does your household mainly use for cooking?	ELECTRICITY01 LPG/NATURAL GAS02 PARAFFIN.....03 COAL, LIGNITE.....04 CHARCOAL.....05 FIREWOOD, STRAW.....06 DUNG07 CROP WASTE08 OTHER _____ 96 (SPECIFY)																			
30	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR MUD/EARTH/DUNG11 RUDIMENTARY FLOOR WOOD PLANKS.....21 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 BRICK TILES32 TILES33 CEMENT34 CARPET.....35 VINYL/LINOLEUM.....36 OTHER _____ 96 (SPECIFY)																			
32	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck? A horse/donkey/mule? A scotch cart?	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>BICYCLE</td><td>1</td><td>2</td></tr> <tr> <td>MOTORCYCLE/SCOOTER</td><td>1</td><td>2</td></tr> <tr> <td>CAR/TRUCK.....</td><td>1</td><td>2</td></tr> <tr> <td>HORSE/DONKEY/MULE.....</td><td>1</td><td>2</td></tr> <tr> <td>SCOTCH CART.....</td><td>1</td><td>2</td></tr> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER	1	2	CAR/TRUCK.....	1	2	HORSE/DONKEY/MULE.....	1	2	SCOTCH CART.....	1	2	
	YES	NO																			
BICYCLE	1	2																			
MOTORCYCLE/SCOOTER	1	2																			
CAR/TRUCK.....	1	2																			
HORSE/DONKEY/MULE.....	1	2																			
SCOTCH CART.....	1	2																			
33	ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE: RECORD PPM (PARTS PER MILLION).	0 PPM (NO IODINE)1 BELOW 15 PPM.....2 ABOVE 15 PPM (STRONG COLOR).....3 NO SALT IN HH4 SALT NOT TESTED5 (SPECIFY REASON)																			
34	What is the name of the nearest health facility that provides health services to this community? _____ (NAME OF HEALTH FACILITY)	DON'T KNOW99998 <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	→ 37																		
35	How do you get from here to (HEALTH FACILITY NAME)?	CAR/TRUCK/BUS/TAXI01 MOTORCYCLE/SCOOTER02 BICYCLE03 HORSE/DONKEY/MULE.....04 SCOTCH CART.....05 WALKING06 OTHER _____ 96 (SPECIFY)																			
36	How long does it take you to get from here to (HEALTH FACILITY NAME)?	HOURS..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> MINUTES <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div>																			

HEIGHT, WEIGHT, AND HEMOGLOBIN MEASUREMENT

CHECK COLUMNS (10) AND (11): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL.(10)	NAME FROM COL.(2)	AGE FROM COL.(9)	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 TECHN PROB 6 OTHER
(37)	(38)	(39)	(40)	(41)	(42)	(43)	(44)
		YEARS					
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1999 OR LATER			
LINE NO. FROM COL.(11)	NAME FROM COL.(2)	AGE FROM COL.(9)	What is (NAME)'s date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 TECHN PROB 6 OTHER
			DAY MONTH YEAR			LYING STANDING	
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>

TICK HERE IF CONTINUATION SHEET IS USED:

☐

* FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY (SECTION 2), SUCH AS ORPHANS, ADOPTED CHILDREN, ETC.), ASK DAY, MONTH AND YEAR OF BIRTH. FOR ALL OTHER CHILDREN, COPY MONTH AND YEAR FROM Q.215 IN MOTHER'S BIRTH HISTORY (SECTION 2) AND ASK DAY OF BIRTH.

HEMOGLOBIN MEASUREMENT OF CHILDREN BORN IN 1999 OR LATER					
LINE NO. FROM COL.(11)	NAME FROM COL.(2)	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 TECHN PROB 6 OTHER
(45)	(46)	(47)	(48)	(49)	(50)
<input type="text"/>		<input type="text"/>	GRANTED REFUSED 1 2 ↓ ↓ SIGN _____ NEXT LINE ←	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2 ↓ ↓ SIGN _____ NEXT LINE ←	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2 ↓ ↓ SIGN _____ NEXT LINE ←	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2 ↓ ↓ SIGN _____ NEXT LINE ←	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2 ↓ ↓ SIGN _____ NEXT LINE ←	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2 ↓ ↓ SIGN _____ NEXT LINE ←	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2 ↓ ↓ SIGN _____ NEXT LINE ←	<input type="text"/>	<input type="text"/>

*** INFORMED CONSENT STATEMENT FOR ANEMIA TESTING FOR CHILDREN**

As part of this survey, we are studying anemia among women, men and children under age 6 years. Anemia is a serious health problem that results from poor nutrition. This survey will assist the government to develop programs to prevent and treat anemia.

We request that all children born since 1999 participate in the anemia testing part of this survey by giving a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be taken with new equipment and the results of the test will be given to you immediately after. These results will be kept confidential.

Now I would like to ask that you (and NAME OF CHILD[REN]) agree to participate in the anemia test. However, if you decide not to have the test done, it is your right and we will respect your decision. Now please tell me if you agree to have the test done.

GO TO COLUMN (48), CIRCLE THE APPROPRIATE CODE (AND SIGN).

Consent Statement for Anemia and HIV for Adults

**** INTRODUCTION**

Hello, my name is _____. I'm from the Ministry of Health and Social Welfare. As part of this survey, we are studying anemia among women, men and children under age 6 years. Anemia is a serious health problem that results from poor nutrition. This survey will assist the government to develop programs to prevent and treat anemia.

We are also studying HIV. HIV is the virus that causes AIDS. The government of Lesotho is trying to find out how common HIV is, so that they can develop programs to prevent AIDS and care for those who have it.

REQUEST FOR CONSENT FOR ANEMIA TEST

We are asking if you will participate in the anemia testing part of this survey by giving a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be taken with new equipment and the results of the test will be given to you immediately after. These results will be kept confidential.

Do you have any questions?

May I now ask that you participate in the anemia test. However, if you decide not to have the test done, it is your right and we will respect your decision. Now please tell me if you agree to have the test done.

GO TO COLUMN (58) AND CIRCLE THE APPROPRIATE CODE (AND SIGN).

IF RESPONDENT IS AGE 15-17: ASK PARENT/GUARDIAN: Now, will you tell me if you accept that (NAME OF YOUTH) to participate in the anemia test? GO TO COLUMN (56) AND WRITE THE LINE NUMBER OF THE PARENT/GUARDIAN, ASK FOR THEIR CONSENT AND CIRCLE THE APPROPRIATE CODE (AND SIGN) IN COLUMN (57). IF PARENT/GUARDIAN AGREES, READ THE PRECEDING PARAGRAPHS TO YOUTH FOR HIS/HER CONSENT AND RECORD THE APPROPRIATE CODE IN COLUMN (58).

REQUEST FOR CONSENT FOR HIV TEST

We would also ask you to participate in the HIV test by allowing us to collect a few drops of blood from the finger at the same time.

This blood will be tested later in the laboratory. To ensure the confidentiality of this test result, no individual names will be attached to the blood sample; therefore, we will not be able to give you the result of your test and no one will be able to trace the test back to you.

However, if you want to know whether you have HIV, I can tell you where you can go to get tested.

Do you have any questions?

I hope you will agree to participate in the HIV testing. However, if you decide not to have the test done, it is your right and we will respect your decision.

Will you accept to participate in the HIV test?

GO TO COLUMN (58) AND CIRCLE THE APPROPRIATE CODE (AND SIGN).

IF RESPONDENT IS AGE 15-17: ASK PARENT/GUARDIAN: Now, will you tell me if you accept that (NAME OF YOUTH) to participate in the HIV test? GO TO COLUMN (56) AND WRITE THE LINE NUMBER OF THE PARENT/GUARDIAN, ASK FOR THEIR CONSENT AND CIRCLE THE APPROPRIATE CODE (AND SIGN) IN COLUMN (57). IF PARENT/GUARDIAN AGREES, READ THE PRECEDING PARAGRAPHS TO YOUTH FOR HIS/HER CONSENT AND RECORD THE APPROPRIATE CODE IN COLUMN (58).

** DON'T FORGET TO GIVE EACH ELIGIBLE PERSON A LIST OF THE NEAREST VCT SERVICES.*

HEMOGLOBIN AND HIV TESTING - WOMEN AND MEN

Number of blood samples: _____

CHECK COLUMNS (10) AND (12) FROM HOUSEHOLD SCHEDULE: RECORD THE LINE NUMBER, NAME, SEX AND AGE OF ALL WOMEN AGE 15-49 AND ALL MEN AGE 15-59 YEARS. THIS FORM MUST BE DESTROYED BEFORE THE RESULTS OF THE TEST ARE LINKED TO THE LDHS DATABASE.

LINE NUMBER	NAME FROM COL.(2)	SEX FROM COL.(8)	AGE FROM COL.(9)	CHECK AGE IN COLUMN (54)	LINE NUMBER OF PARENT/RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	(57)		(58)	HEMOGLOBIN LEVEL (g/dL)	FOR WOMEN CUR-RENTLY PREGNANT	ANEMIA RESULT 1 MEASURED 2 ABSENT 3 REFUSED 4 TECHNICAL PROBLEMS 6 OTHER (SPECIFY)	HIV RESULT 1 BLOOD TAKEN 2 ABSENT 3 REFUSED 4 TECHNICAL PROBLEMS 6 OTHER (SPECIFY)	PLACE BAR CODES [1st DROP IS WIPED AWAY; 3 DROPS ARE COLLECTED FOR HIV; 1 (LAST) DROP IS COLLECTED FOR ANEMIA]
(51)	(52)	(53)	(54)	(55)	(56)				(59)	(60)	(61)	(62)	(63)
	NAME	M F 1 2	YEARS	AGE 15-17 18+ 1 2 ↓ SKIP TO 58		<div> <div>CONSENT FOR ANEMIA TESTING</div> <div>1 ↓ INTERVIEWER SIGNS</div> <div>REFUSED2</div> <div>NOT READ...3</div> </div> <div> <div>CONSENT FOR HIV TESTING</div> <div>1 ↓ INTERVIEWER SIGNS</div> <div>REFUSED2</div> <div>NOT READ...3</div> </div>	<div>CONSENT FOR ANEMIA TESTING</div> <div>1 ↓ INTERVIEWER SIGNS</div> <div>REFUSED2</div> <div>NOT READ...3</div>	<div>CONSENT FOR HIV TESTING</div> <div>1 ↓ INTERVIEWER SIGNS</div> <div>REFUSED2</div> <div>NOT READ...3</div>	<div>HEMOGLOBIN LEVEL (g/dL)</div> <div> <div></div> <div></div> </div>	<div>FOR WOMEN CUR-RENTLY PREGNANT</div> <div>YES.....1</div> <div>NO.....2</div> <div>DK.....3</div>	<div>ANEMIA RESULT</div> <div>1 MEASURED</div> <div>2 ABSENT</div> <div>3 REFUSED</div> <div>4 TECHNICAL PROBLEMS</div> <div>6 OTHER (SPECIFY)</div>	<div>HIV RESULT</div> <div>1 BLOOD TAKEN</div> <div>2 ABSENT</div> <div>3 REFUSED</div> <div>4 TECHNICAL PROBLEMS</div> <div>6 OTHER (SPECIFY)</div>	<div>PLACE BAR CODES</div> <div>[1st DROP IS WIPED AWAY; 3 DROPS ARE COLLECTED FOR HIV; 1 (LAST) DROP IS COLLECTED FOR ANEMIA]</div>
						<div>CONSENT FOR ANEMIA TESTING</div> <div>1 ↓ INTERVIEWER SIGNS</div> <div>REFUSED2</div> <div>NOT READ...3</div>	<div>CONSENT FOR HIV TESTING</div> <div>1 ↓ INTERVIEWER SIGNS</div> <div>REFUSED2</div> <div>NOT READ...3</div>	<div>CONSENT FOR ANEMIA TESTING</div> <div>1 ↓ INTERVIEWER SIGNS</div> <div>REFUSED2</div> <div>NOT READ...3</div>	<div>HEMOGLOBIN LEVEL (g/dL)</div> <div> <div></div> <div></div> </div>	<div>FOR WOMEN CUR-RENTLY PREGNANT</div> <div>YES.....1</div> <div>NO.....2</div> <div>DK.....3</div>	<div>ANEMIA RESULT</div> <div>1 MEASURED</div> <div>2 ABSENT</div> <div>3 REFUSED</div> <div>4 TECHNICAL PROBLEMS</div> <div>6 OTHER (SPECIFY)</div>	<div>HIV RESULT</div> <div>1 BLOOD TAKEN</div> <div>2 ABSENT</div> <div>3 REFUSED</div> <div>4 TECHNICAL PROBLEMS</div> <div>6 OTHER (SPECIFY)</div>	<div>PUT 1ST BAR CODE HERE</div> <div>PUT THE 2ND BAR CODE ON THE RESPONDENT'S FILTER PAPER, AND THE 3RD ON THE BLOOD SAMPLE TRANSMITTAL FORM</div>
						<div>CONSENT FOR ANEMIA TESTING</div> <div>1 ↓ INTERVIEWER SIGNS</div> <div>REFUSED2</div> <div>NOT READ...3</div>	<div>CONSENT FOR HIV TESTING</div> <div>1 ↓ INTERVIEWER SIGNS</div> <div>REFUSED2</div> <div>NOT READ...3</div>	<div>CONSENT FOR ANEMIA TESTING</div> <div>1 ↓ INTERVIEWER SIGNS</div> <div>REFUSED2</div> <div>NOT READ...3</div>	<div>HEMOGLOBIN LEVEL (g/dL)</div> <div> <div></div> <div></div> </div>	<div>FOR WOMEN CUR-RENTLY PREGNANT</div> <div>YES.....1</div> <div>NO.....2</div> <div>DK.....3</div>	<div>ANEMIA RESULT</div> <div>1 MEASURED</div> <div>2 ABSENT</div> <div>3 REFUSED</div> <div>4 TECHNICAL PROBLEMS</div> <div>6 OTHER (SPECIFY)</div>	<div>HIV RESULT</div> <div>1 BLOOD TAKEN</div> <div>2 ABSENT</div> <div>3 REFUSED</div> <div>4 TECHNICAL PROBLEMS</div> <div>6 OTHER (SPECIFY)</div>	<div>PUT 1ST BAR CODE HERE</div> <div>PUT THE 2ND BAR CODE ON THE RESPONDENT'S FILTER PAPER, AND THE 3RD ON THE BLOOD SAMPLE TRANSMITTAL FORM</div>
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LINE NUMBER FROM COLUMN (10) OR COLUMN (12)	NAME FROM COL.(2)	SEX FROM COL. (8)	AGE FROM COL.(9)	CHECK AGE IN COLUMN (54)	LINE NUMBER OF PARENT/ RESPON- SIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSE- HOLD SCHEDULE	READ THE CONSENT TO THE PARENT OR RESPONSIBLE ADULT CIRCLE CODE (AND SIGN)	(57)		(58)		HEMOGLOBIN LEVEL (G/DL)	FOR WOMEN CUR- RENTLY PREGNANT	ANEMIA RESULT 1 MEASURED 2 ABSENT 3 REFUSED 4 TECHNICAL PROBLEMS 6 OTHER (SPECIFY)	HIV RESULT 1 BLOOD TAKEN 2 ABSENT 3 REFUSED 4 TECHNICAL PROBLEMS 6 OTHER (SPECIFY)	PLACE BAR CODES [1st DROP IS WIPED AWAY; 3 DROPS ARE COLLECTED FOR HIV; 1 (LAST) DROP IS COLLECTED FOR ANEMIA]
(51)	(52)	(53)	(54)	(55)	(56)	(57)	(57)	(58)	(58)	(59)	(60)	(61)	(62)	(63)	
	NAME	M F 1 2	YEARS <div></div>	AGE AGE 15-17 18+ 1 2 ↓ SKIP TO 58	<div></div>	CONSENT FOR ANEMIA TESTING 1 ↓ INTERVIEWER SIGNS REFUSED....2 NOT READ...3	CONSENT FOR HIV TESTING 1 ↓ INTERVIEWER SIGNS REFUSED....2 NOT READ...3	CONSENT FOR ANEMIA TESTING 1 ↓ INTERVIEWER SIGNS REFUSED....2 NOT READ...3	CONSENT FOR HIV TESTING 1 ↓ INTERVIEWER SIGNS REFUSED....2 NOT READ...3	<div></div> <div></div>	YES....1 NO.....2 DK.....3	<div></div>	<div></div>	PUT 1ST BAR CODE HERE PUT THE 2 ND BAR CODE ON THE RESPONDENT'S FILTER PAPER, AND THE 3RD ON THE BLOOD SAMPLE TRANSMITTAL FORM	
		1 2	<div></div>	1 2 ↓ SKIP TO 58	<div></div>	1 ↓ INTERVIEWER SIGNS REFUSED....2 NOT READ...3	1 ↓ INTERVIEWER SIGNS REFUSED....2 NOT READ...3	1 ↓ INTERVIEWER SIGNS REFUSED....2 NOT READ...3	1 ↓ INTERVIEWER SIGNS REFUSED....2 NOT READ...3	<div></div> <div></div>	YES....1 NO.....2 DK.....3	<div></div>	<div></div>	PUT 1ST BAR CODE HERE PUT THE 2 ND BAR CODE ON THE RESPONDENT'S FILTER PAPER, AND THE 3RD ON THE BLOOD SAMPLE TRANSMITTAL FORM	
		1 2	<div></div>	1 2 ↓ SKIP TO 58	<div></div>	1 ↓ INTERVIEWER SIGNS REFUSED....2 NOT READ...3	1 ↓ INTERVIEWER SIGNS REFUSED....2 NOT READ...3	1 ↓ INTERVIEWER SIGNS REFUSED....2 NOT READ...3	1 ↓ INTERVIEWER SIGNS REFUSED....2 NOT READ...3	<div></div> <div></div>	YES....1 NO.....2 DK.....3	<div></div>	<div></div>	PUT 1ST BAR CODE HERE PUT THE 2 ND BAR CODE ON THE RESPONDENT'S FILTER PAPER, AND THE 3RD ON THE BLOOD SAMPLE TRANSMITTAL FORM	

TICK HERE IS ANOTHER SHEET IS USED :

64 CHECK COLUMNS (49) FOR CHILDREN, (59) FOR ADULTS AND (60) FOR WHETHER THE WOMAN IS CURRENTLY PREGNANT:

NUMBER OF HOUSEHOLD MEMBERS FOR WHICH THE LEVEL OF HEMOGLOBIN IS BELOW THE CUT-OFF POINTS :

LESS THAN **7G/DL** FOR CHILDREN, FOR MEN, AND FOR WOMEN WHO ARE NOT PREGNANT (OR WHO DO NOT KNOW IF THEY ARE PREGNANT); LESS THAN **9G/DL** FOR PREGNANT WOMEN.

ONE OR MORE

☐
V

GIVE EACH WOMAN, MAN OR RESPONSIBLE ADULT THE RESULTS OF THE HEMOGLOBIN TEST. READ THE DECLARATION BELOW (Q.65) TO THESE PERSONS WITH HEMOGLOBIN LEVELS BELOW CUT-OFF POINTS.

NONE

☐
V

GIVE EACH WOMAN, MAN OR RESPONSIBLE ADULT THE RESULTS OF THE HEMOGLOBIN TEST AND THE ANEMIA BROCHURE.

65 The results of the test show that (YOUR BLOOD/THE BLOOD OF NAME OF CHILD/CHILDREN) has a very low level of hemoglobin. This indicates that (YOU/NAME OF CHILD/CHILDREN) are severely anemic, which is a serious health problem. We recommend that you visit a health facility as soon as possible to be examined and obtain the proper treatment. GIVE THE ADULT THE HEMOGLOBIN TEST RESULTS AND THE ANEMIA BROCHURE.

LESOTHO DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

IDENTIFICATION																									
PLACE NAME _____				<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																					
NAME OF HOUSEHOLD HEAD _____																									
EA NUMBER																									
HOUSEHOLD NUMBER																									
LESOTHO ECOLOGICAL ZONE (LOWLANDS=1, FOOTHILLS=2, MOUNTAINS=3, SENQU RIVER VALLEY=4)																									
DISTRICT ¹																									
URBAN/RURAL (URBAN=1, RURAL=2)																									
NAME AND LINE NUMBER OF WOMAN _____																									
INTERVIEWER VISITS																									
	1	2	3	FINAL VISIT																					
DATE				DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> NAME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>																					
INTERVIEWER'S NAME				NAME																					
RESULT*				RESULT																					
NEXT VISIT: DATE				TOTAL NO. OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>																					
TIME																									
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 INCAPACITATED 7 OTHER _____ (SPECIFY)																									
LANGUAGE OF QUESTIONNAIRE: ENGLISH LANGUAGE OF INTERVIEW *** _____ HOME LANGUAGE OF RESPONDENT*** _____ WAS A TRANSLATOR USED? (YES=1, NO=2) *** LANGUAGE CODES: 01 ENGLISH 06 OTHER _____ 02 SESOTHO (SPECIFY)				<table border="1" style="margin: auto;"> <tr><td>0</td><td>1</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	0	1																			
0	1																								
FIELD EDITOR	SUPERVISOR		OFFICE EDITOR	KEYED BY																					
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>				<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>															
DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>				<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>															

¹ 01=BUTHA-BUTHE; 02=LERIBE; 03=BEREA; 04=MASERU; 05=MAFETENG; 06=MOHALE'S HOEK; 07=QUTHING;
08=QASHA'S NEK; 09=MOKHOTLONG; 10=THABA-TSEKA

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Ministry of Health and Social Welfare. We are conducting a national survey about the health of women, men, and children. We would very much appreciate your participation in this survey. I would like to ask you about your health and the health of your children. This information will help the government to plan health services. The survey usually takes between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED.....1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 →END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MINUTES..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in an urban or in a rural area?	URBAN1 RURAL2	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> ALWAYS.....95 VISITOR96	→105
104	Just before you moved here, did you live in an urban or in a rural area?	URBAN1 RURAL2	
105	In what month and year were you born?	MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DON'T KNOW MONTH98 YEAR..... <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table> DON'T KNOW YEAR.....9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
107	Have you ever attended school?	YES1 NO2	→111
108	What is the highest level of school you attended?	PRIMARY1 VOCATIONAL/TECHNICAL TRAINING AFTER PRIMARY2 SECONDARY/HIGH3 VOCATIONAL/TECHNICAL TRAINING AFTER SECONDARY/HIGH4 COLLEGE.....5 GRADUATE/POST GRADUATE6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is the highest (standard/form/year) you completed at that level?	STND/FORM/YEAR..... <input type="text"/> <input type="text"/>	
110	CHECK 108: PRIMARY/ VOCATION/TECHN. <input type="checkbox"/> AFTER PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→114
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. ¹ IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL1 ABLE TO READ ONLY PARTS OF SENTENCE2 ABLE TO READ WHOLE SENTENCE.....3 NO CARD WITH REQUIRED LANGUAGE4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED5	
112	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES1 NO2	
113	CHECK 111: CODE '2', '3' <input type="checkbox"/> OR '4' <input type="checkbox"/> CIRCLED <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→115
114	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY1 AT LEAST ONCE A WEEK2 LESS THAN ONCE A WEEK3 NOT AT ALL4	→115
114A	What kind of newspapers or magazines do you read: Lesotho newspapers/magazines, RSA newspapers/magazines, or any other? RECORD ALL MENTIONED.	LESOTHO NEWSPAPER/MAGAZINE..... A RSA NEWSPAPER/MAGAZINE B OTHERX (SPECIFY)	
115	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY1 AT LEAST ONCE A WEEK2 LESS THAN ONCE A WEEK3 NOT AT ALL4	→116
115A	What kind of radio do you listen to: Lesotho radio, RSA radio, or any other? RECORD ALL MENTIONED.	LESOTHO RADIO A RSA RADIO B OTHERX (SPECIFY)	
116	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY1 AT LEAST ONCE A WEEK2 LESS THAN ONCE A WEEK3 NOT AT ALL4	→117
116A	What kind of TV do you watch: Lesotho TV, RSA TV, or any other? RECORD ALL MENTIONED.	LESOTHO TV A RSA TV B OTHERX (SPECIFY)	
117	What religion do you belong to? IF CHRISTIAN: What church do you belong to?	ROMAN CATHOLIC CHURCH01 LESOTHO EVANGELICAL CHURCH.....02 METHODIST03 ANGLICAN CHURCH.....04 SEVENTH DAY ADVENTIST05 PENTECOSTAL06 OTHER CHRISTIAN.....07 NONE08 OTHER RELIGION96 (SPECIFY)	

LITERACY CARD (Q.111):

- 1) Parents love their children.**
- 2) Farming is hard work.**
- 3) Birds fly in the sky.**
- 4) Children work hard at school.**

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. I am interested only in the children that are biologically yours. Have you ever given birth?	YES 1 NO 2	→206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →226										

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.									
212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	
02	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 NO 2
03	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 NO 2
04	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 NO 2
05	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 NO 2
06	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 NO 2
07	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 NO 2

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
08	SING....1 MULT...2	BOY.. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 NO 2
09	SING....1 MULT...2	BOY.. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 NO 2
10	SING....1 MULT...2	BOY.. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 NO 2
11	SING....1 MULT...2	BOY.. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 NO 2
12	SING....1 MULT...2	BOY.. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 NO 2
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?						YES 1 NO 2		
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>								
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1999 OR LATER. IF NONE, RECORD '0'.								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 229
227	How many months pregnant are you?	MONTHS <input type="text"/> <input type="text"/>	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 236
230	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231	How many months pregnant were you when the last such pregnancy ended?	MONTHS <input type="text"/> <input type="text"/>	
232	CHECK 230: LAST PREGNANCY ENDED IN <input type="text"/> LAST PREGNANCY ENDED BEFORE <input type="text"/> JAN. 1999 OR LATER ▼ JAN. 1999		→ 236
233	Have you ever had any other pregnancies which did not result in a live birth?	YES 1 NO 2	→ 236
234	When did the previous such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
235	How many months pregnant were you when that pregnancy ended?	MONTHS <input type="text"/> <input type="text"/>	
236	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	
237	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 301

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
238	Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?	JUST BEFORE HER PERIOD BEGINS.....1 DURING HER PERIOD2 RIGHT AFTER HER PERIOD HAS ENDED3 HALF WAY BETWEEN TWO PERIODS.....4 OTHER6 (SPECIFY) DON'T KNOW8	

SECTION 3. CONTRACEPTION

<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>			
301	<p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p>	302	<p>Have you ever used (METHOD)?</p>
01	<p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2 ↘</p>	<p>Have you ever had an operation to avoid having any more children? YES 1 NO 2</p>
02	<p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2 ↘</p>	<p>Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2</p>
03	<p>PILL Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
04	<p>IUCD Women can have a loop or coil placed inside them by a doctor or a nurse.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
05	<p>INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
06	<p>IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
07	<p>MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
08	<p>FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
09	<p>DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
10	<p>FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
11	<p>LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
12	<p>RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
13	<p>WITHDRAWAL Men can be careful and pull out before climax.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
14	<p>EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse or IUCD up to five days after sexual intercourse to avoid becoming pregnant.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
15	<p>LOCAL TRADITIONAL METHODS There are various traditional methods that exist in different regions in Lesotho used to delay or avoid a pregnancy.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
16	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2</p>	<p>YES 1 NO 2 YES 1 NO 2</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	CHECK 302: <div> NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> </div> <div> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> </div>		→306
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES1 NO2	→318
305	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
306	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN <input type="text"/>	
307	CHECK 302 (01): <div> WOMAN NOT STERILIZED <input type="checkbox"/> </div> <div> WOMAN STERILIZED <input type="checkbox"/> </div>		→310A
308	CHECK 226: <div> NOT PREGNANT OR UNSURE <input type="checkbox"/> </div> <div> PREGNANT <input type="checkbox"/> </div>		→318
309	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES1 NO2	→318
310	Which method are you using? IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUCD D INJECTABLES E IMPLANTS F MALE CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD K PERIODIC ABSTINENCE L WITHDRAWAL M LOCAL TRADITIONAL METHOD N OTHER X (SPECIFY)	→312A
310A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
311	CHECK 310: <div> CODE 'A' CIRCLED <input type="checkbox"/> </div> <div> CODE 'B' CIRCLED <input type="checkbox"/> </div> <div> Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? </div> <div> Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation? </div>	YES1 NO2 DON'T KNOW8	

[illegible]

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
319	<p>Where is that?</p> <p>Any other place?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITALA</p> <p>GOVT. HEALTH CENTER.....B</p> <p>FAMILY PLANNING CLINIC.....C</p> <p>OTHER PUBLICD</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....E</p> <p>PHARMACY.....F</p> <p>PRIVATE DOCTOR.....G</p> <p>OTHER PRIVATE</p> <p>MEDICALH</p> <p>(SPECIFY)</p> <p>CHAL</p> <p>CHAL HOSPITAL.....I</p> <p>CHAL HEALTH CENTERJ</p> <p>CBD.....K</p> <p>COMMUNITY HEALTH WORKER.....L</p> <p>SUPPORT GROUPSM</p> <p>OTHER SOURCE</p> <p>SHOPN</p> <p>CHURCHO</p> <p>PEER EDUCATORS.....P</p> <p>FRIENDS/RELATIVESQ</p> <p>OTHERX</p> <p>(SPECIFY)</p>	
320	In the last 12 months, were you visited by a fieldworker or CBD who talked to you about family planning?	<p>YES1</p> <p>NO2</p>	
321	In the last 12 months, have you visited a health facility for care for yourself or your family?	<p>YES1</p> <p>NO2</p>	→401
322	Did any staff member at the health facility speak to you about family planning methods?	<p>YES1</p> <p>NO2</p>	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224: ONE OR MORE BIRTHS IN 1999 OR LATER <input type="checkbox"/>	NO BIRTHS IN 1999 OR LATER <input type="checkbox"/>	→487
402	<p>ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1999 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).</p> <p>Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately)</p>		
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER..... <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER..... <input type="text"/>
404	FROM 212 AND 216	NAME..... LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME..... LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN.....1 (SKIP TO 407)← LATER.....2 NOT AT ALL.....3 (SKIP TO 407)←	THEN.....1 (SKIP TO 423)← LATER.....2 NOT AT ALL.....3 (SKIP TO 423)←
406	How much longer would you like to have waited?	MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> DON'T KNOW.....998	MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> DON'T KNOW.....998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....C OTHER.....X (SPECIFY) NO ONE.....Y (SKIP TO 415)←	

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8	
416	During this pregnancy, how many times did you get this injection?	TIMES <input type="text"/> DON'T KNOW 8	
417	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLET/SYRUP.	YES 1 NO 2 (SKIP TO 419) ← DON'T KNOW 8	
418	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
419	During this pregnancy, did you have difficulty with your vision during the daylight?	YES 1 NO 2 DON'T KNOW 8	
420	During this pregnancy, did you suffer from night blindness?	YES 1 NO 2 DON'T KNOW 8	
423	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
424	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 425A) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 425A) ← DON'T KNOW 8
425	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998	KG FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998
425A	Was the birth of (NAME) registered?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
426	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT C RELATIVE/FRIEND D OTHER X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT C RELATIVE/FRIEND D OTHER X (SPECIFY) NO ONE Y

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
427	<p>Where did you give birth to (NAME)?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE) (LAST BIRTH)</p> <p>_____</p> <p>(NAME OF PLACE) (NEXT-TO-LAST BIRTH)</p>	<p>HOME YOUR HOME 11 (SKIP TO 429) ◀</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23</p> <p>OTHER PUBLIC 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL 36 (SPECIFY)</p> <p>CHAL CHAL HOSPITAL 41 CHAL HEALTH CENTER 42</p> <p>OTHER 96 (SPECIFY) (SKIP TO 429) ◀</p>	<p>HOME YOUR HOME 11 (SKIP TO 435) ◀</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23</p> <p>OTHER PUBLIC 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL 36 (SPECIFY)</p> <p>CHAL CHAL HOSPITAL 41 CHAL HEALTH CENTER 42</p> <p>OTHER 96 (SPECIFY) (SKIP TO 435) ◀</p>
428	Was (NAME) delivered by caesarian section?	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>
429	[After (NAME) was born/Before you were discharged], did anyone check on your health?	<p>YES 1</p> <p>NO 2 (SKIP TO 433) ◀</p>	
430	How many hours, days or weeks after the delivery did the first check take place?	<p>HOURS AFTER DEL ... 1</p> <p>DAYS AFTER DEL ... 2</p> <p>WEEKS AFTER DEL ... 3</p> <p>DON'T KNOW 998</p>	
431	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PROFESSIONAL DOCTOR 11 NURSE/MIDWIFE 12</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21</p> <p>OTHER 96 (SPECIFY)</p>	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
432	Where did this first check take place? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL..... 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23 OTHER PUBLIC 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL 36 (SPECIFY) CHAL CHAL HOSPITAL 41 CHAL HEALTH CENTER 42 OTHER 96 (SPECIFY)	
433	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW AMPULE/CAPSULE/SYRUP.	YES 1 NO 2	
434	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 436) ← NO 2 (SKIP TO 437) ←	
435	Did your period return between the birth of (NAME) and your next pregnancy?	YES 1 NO 2 (SKIP TO 439) ←	
436	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
437	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT <input type="checkbox"/> NANT OR UNSURE (SKIP TO 439) ←	
438	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 440) ←	
439	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
440	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 447) ←	YES 1 NO 2 (SKIP TO 447) ←
441	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
442	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 444) ←	YES 1 NO 2 (SKIP TO 444) ←
443	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL LIQUIDS MENTIONED	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER _____ X (SPECIFY)
444	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 446)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 446)
445	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 448) ← NO 2	YES 1 (SKIP TO 448) ← NO 2
446	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
447	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 450) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 450) (GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454)
448	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>
449	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS... <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS... <input type="text"/> <input type="text"/>
450	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
452	How many times did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8
453		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454.

SECTION 4B. IMMUNIZATION, HEALTH AND NUTRITION

454	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1999 OR LATER. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).		
455	LINE NUMBER FROM 212	<div align="center">LAST BIRTH</div> LINE NUMBER <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>	<div align="center">NEXT-TO-LAST BIRTH</div> LINE NUMBER <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>
456	FROM 212 AND 216	NAME _____	NAME _____
		<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> LIVING <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> ↓ </div> <div style="text-align: center;"> DEAD <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> ↓ (GO TO 456 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 484) </div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> LIVING <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> ↓ </div> <div style="text-align: center;"> DEAD <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> ↓ (GO TO 456 IN LAST COLUMN OF NEW QUESTION- NAIRE OR, IF NO MORE BIRTHS, GO TO 484) </div> </div>
457	Did (NAME) receive a vitamin A dose like this during the last 6 months? SHOW AMPULE/CAPSULE/SYRUP.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
458	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 460) ← YES, NOT SEEN 2 (SKIP TO 462) ← NO CARD 3	YES, SEEN 1 (SKIP TO 460) ← YES, NOT SEEN 2 (SKIP TO 462) ← NO CARD 3
459	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 462) ← NO 2	YES 1 (SKIP TO 462) ← NO 2
460	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	<div align="center">DAY MONTH YEAR</div> <div style="display: flex;"> <div style="width: 100px;"> BCG P0 P1 P2 P3 D1 D2 D3 MEA VIT. A HEP B1 . HEP B2 . HEP B3 . </div> <div style="border: 1px solid black; width: 150px; height: 150px; position: relative;"> <!-- Grid representation --> </div> </div>	<div align="center">DAY MONTH YEAR</div> <div style="display: flex;"> <div style="width: 100px;"> BCG P0 P1 P2 P3 D1 D2 D3 MEA VIT. A HEP B1 . HEP B2 . HEP B3 . </div> <div style="border: 1px solid black; width: 150px; height: 150px; position: relative;"> <!-- Grid representation --> </div> </div>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
461	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, MEASLES VACCINE, VITAMIN A, HEPB 1-3.	YES 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) _____ (SKIP TO 464) ← NO 2 (SKIP TO 464) ← DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) _____ (SKIP TO 464) ← NO 2 (SKIP TO 464) ← DON'T KNOW 8
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 466) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 466) ← DON'T KNOW 8
463	Please tell me if (NAME) received any of the following vaccinations:		
463A	A BCG vaccination against tuberculosis, which is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
463B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 463E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463E) ← DON'T KNOW 8
463C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH 1 LATER 2	JUST AFTER BIRTH 1 LATER 2
463D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
463E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 463G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463G) ← DON'T KNOW 8
463F	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
463G	An injection to prevent measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
463H	A vitamin A dose (capsules/syrup)?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
463I	An injection to prevent Hepatitis B?	YES 1 NO 2 (SKIP TO 464) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 464) ← DON'T KNOW 8
463J	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
464	Were any of the vaccinations (NAME) received during the last two years given as a part of a national immunization day campaign?	YES 1 NO 2 (SKIP TO 466) ← NO VACCINATION IN THE LAST 2 YEARS 3 (SKIP TO 466) ← DON'T KNOW 8 (SKIP TO 466) ←	YES 1 NO 2 (SKIP TO 466) ← NO VACCINATION IN THE LAST 2 YEARS 3 (SKIP TO 466) ← DON'T KNOW 8 (SKIP TO 466) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
465	At which national immunization day campaigns did (NAME) receive vaccinations? RECORD ALL CAMPAIGNS MENTIONED.	MEASLES AUG-SEPT 1999A MEASLES SEPT 2000B MEASLES MAY 2003C POLIO AUG-SEPT 2004D OTHER _____ X (SPECIFY)	MEASLES AUG-SEPT 1999A MEASLES SEPT 2000B MEASLES MAY 2003C POLIO AUG-SEPT 2004D OTHER _____ X (SPECIFY)
466	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES1 NO2 (SKIP TO 469) ← DON'T KNOW8	YES1 NO2 (SKIP TO 469) ← DON'T KNOW8
468	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, fast breaths?	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
469	CHECK 466 AND 467: FEVER OR COUGH?	"YES" IN 466 NO/DK OR 467 <div style="display: flex; justify-content: space-around;"><div>↓ (SKIP TO 475)</div><div>↓ (SKIP TO 475)</div></div>	"YES" IN 466 NO/DK OR 467 <div style="display: flex; justify-content: space-around;"><div>↓ (SKIP TO 475)</div><div>↓ (SKIP TO 475)</div></div>
470	Did you seek advice or treatment for the fever/cough?	YES1 NO2 (SKIP TO 472) ←	YES1 NO2 (SKIP TO 472) ←
471	Where did you seek advice or treatment? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) (LAST BIRTH) _____ (NAME OF PLACE) (NEXT-TO-LAST BIRTH) Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVT. HOSPITALA GOVT. HEALTH CENTERB GOVT. HEALTH POSTC OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINICE PHARMACYF PRIVATE DOCTORG OTHER PVT. MEDICAL _____ H (SPECIFY) CHAL CHAL HOSPITALI CHAL HEALTH CENTERJ CBDK COMMUNITY HEALTH WORKER ...L SUPPORT GROUPSM OTHER SOURCE SHOPN TRADITIONAL HEALERO OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITALA GOVT. HEALTH CENTERB GOVT. HEALTH POSTC OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINICE PHARMACYF PRIVATE DOCTORG OTHER PVT. MEDICAL _____ H (SPECIFY) CHAL CHAL HOSPITALI CHAL HEALTH CENTERJ CBDK COMMUNITY HEALTH WORKER ...L SUPPORT GROUPSM OTHER SOURCE SHOPN TRADITIONAL HEALERO OTHER _____ X (SPECIFY)
472	CHECK 466: HAD FEVER?	"YES" IN 466 "NO"/"DK" IN 466 <div style="display: flex; justify-content: space-around;"><div>↓ (SKIP TO 475)</div><div>↓ (SKIP TO 475)</div></div>	"YES" IN 466 "NO"/"DK" IN 466 <div style="display: flex; justify-content: space-around;"><div>↓ (SKIP TO 475)</div><div>↓ (SKIP TO 475)</div></div>
473	Did (NAME) take any drugs for the fever?	YES1 NO2 (SKIP TO 475) ← DON'T KNOW8	YES1 NO2 (SKIP TO 475) ← DON'T KNOW8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
482	<p>Where did you seek advice or treatment?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE) (LAST BIRTH)</p> <p>_____</p> <p>(NAME OF PLACE) (NEXT-TO-LAST BIRTH)</p> <p>Anywhere else?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITALA</p> <p>GOVT. HEALTH CENTERB</p> <p>GOVT. HEALTH POSTC</p> <p>OTHER PUBLIC D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINICE</p> <p>PHARMACYF</p> <p>PRIVATE DOCTOR G</p> <p>OTHER PVT. MEDICAL H</p> <p>(SPECIFY)</p> <p>CHAL</p> <p>CHAL HOSPITAL I</p> <p>CHAL HEALTH CENTER J</p> <p>CBDK</p> <p>COMMUNITY HEALTH WORKER ... L</p> <p>SUPPORT GROUPS..... M</p> <p>OTHER SOURCE</p> <p>SHOPN</p> <p>TRADITIONAL HEALER O</p> <p>OTHER X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL.....A</p> <p>GOVT. HEALTH CENTERB</p> <p>GOVT. HEALTH POST C</p> <p>OTHER PUBLIC D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINICE</p> <p>PHARMACYF</p> <p>PRIVATE DOCTOR..... G</p> <p>OTHER PVT. MEDICAL H</p> <p>(SPECIFY)</p> <p>CHAL</p> <p>CHAL HOSPITAL I</p> <p>CHAL HEALTH CENTER J</p> <p>CBDK</p> <p>COMMUNITY HEALTH WORKER ... L</p> <p>SUPPORT GROUPS..... M</p> <p>OTHER SOURCE</p> <p>SHOPN</p> <p>TRADITIONAL HEALER O</p> <p>OTHER X</p> <p>(SPECIFY)</p>
483		GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.	GO BACK TO 456 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 484.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
491	<p>CHECK 215 AND 218:</p> <p>HAS AT LEAST ONE CHILD BORN IN 2001 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492)</p> <p>_____ (NAME)</p>	<p>DOES NOT HAVE ANY CHILDREN BORN IN 2001 OR LATER AND LIVING WITH HER <input type="checkbox"/></p>	→496
492	<p>Now I would like to ask you about liquids (NAME FROM Q. 491) drank yesterday. In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) drink (ITEM)?</p> <p>a Plain water?</p> <p>b Commercially produced infant formula?</p> <p>c Any other milk such as tinned, powdered, or fresh animal milk?</p> <p>d Fruit juice?</p> <p>e Any other liquids?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>YESTERDAY/LAST NIGHT NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p>	
493	<p>Now I would like to ask you about the types of foods (NAME FROM Q. 491) ate yesterday. In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) eat (ITEM)?</p> <p>a Barley, bread, rolls, cereal bran, flour, maize, noodles, pasta, oats, porridges, rice, sorghum, wheat?</p> <p>b Pumpkin, red/orange/dark yellow squash, carrots, or red sweet potatoes - fresh or dried?</p> <p>c Any other food made from roots or tubers, such as white potatoes?</p> <p>d Any dark green leafy vegetables, such as broccoli, beet, kale, mustard, pumpkin leaves, turnip leaves, wild Moroho, pepper, spinach, swiss chard, cabbage – fresh or dried?</p> <p>e Mango, papaya, apricots, peaches, goose berries – fresh or dried?</p> <p>f Any other fruits and vegetables, such as bananas, apples/sauce, citrus fruit, figs, pears, plums, cauliflower, eggplant, mushrooms, green beans, avocados, tomatoes?</p> <p>g Red meat, pork, poultry, fish, or eggs?</p> <p>h Any food made from legumes, such as lentils, beans, bean sprouts, chickpeas, almonds, cashew nuts, or peanuts?</p> <p>i Cheese or yoghurt?</p> <p>j Any food made with oil, fat, or butter?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>YESTERDAY/LAST NIGHT NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p>	
496	<p>Do you currently smoke cigarettes or tobacco?</p> <p>IF YES: what type of tobacco do you smoke?</p> <p>RECORD ALL TYPES MENTIONED.</p>	<p>YES, CIGARETTES A</p> <p>YES, PIPE B</p> <p>YES, SNUFF C</p> <p>YES, OTHER TOBACCO D</p> <p>NO Y</p>	
497	<p>CHECK 496:</p> <p>CODE 'A' CIRCLED <input type="checkbox"/></p> <p>CODE 'A' NOT CIRCLED <input type="checkbox"/></p>		→499A
498	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
499A	Have you ever drunk an alcohol-containing beverage?	YES1 NO2	→499F
499B	In the last 3 months, on how many days did you drink an alcohol-containing beverage? IF EVERY DAY: RECORD '90'.	NUMBER OF DAYS <input type="text"/> <input type="text"/> NONE95	
499C	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES1 NO2	→499F
499D	CHECK 499B: DRANK ALCOHOL ON AT LEAST ONE DAY <input type="checkbox"/> ↓ NONE <input type="checkbox"/> _____		→499F
499E	In the last 3 months, on how many occasions did you get "drunk"?	NUMBER OF... TIMES <input type="text"/> <input type="text"/> NONE95	
499F	Have you had an injection for any reason in the last three months? IF YES: How many injections did you have? IF DAILY INJECTIONS FOR 3 MONTHS, ASK: Are you diabetic? IF YES, CIRLCE CODE '95'. IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS AND NOT DIABETIC, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS..... <input type="text"/> <input type="text"/> DIABETIC95 NONE00	→499H →501
499G	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health workers? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS..... <input type="text"/> <input type="text"/> NONE00	
499H	The last time you had an injection, did [You/The person who gave you the injection] take the syringe and the needle from a new, unopened package?	YES1 NO2 DON'T KNOW8	

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
501	Are you currently married or living with a man?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→505								
502	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→510 →514								
504	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→510								
505	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2									
506	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'. NAME _____ LINE NO. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>										
510	Have you been married or lived with a man only once, or more than once?	ONCE 1 MORE THAN ONCE 2									
511	CHECK 510: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> In what month and year did you start living with your husband/partner? </div> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> Now we will talk about your first husband/partner. In what month and year did you start living with him? </div> </div>	MONTH. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW MONTH 98 YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW YEAR 9998							→514		
512	How old were you when you started living with him?	AGE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
514	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER 00 AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95			→529						
514A	CHECK 106: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> 15-24 YEARS OLD <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> 25-49 YEARS OLD <input type="checkbox"/> </div> </div>		→515								
514B	The first time you had sexual intercourse, was a male or a female condom used?	YES, MALE CONDOM 1 YES, FEMALE CONDOM 2 NO 3									
515	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
516	The last time you had sexual intercourse, was a male or female condom used?	YES, MALE CONDOM 1 YES, FEMALE CONDOM 2 NO 3	→516B								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
516A	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STI/HIV.....01 RESPONDENT WANTED TO PREVENT PREGNANCY.....02 RESPONDENT WANTED TO PREVENT BOTH STI/HIV AND PREGNANCY03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS ..04 PARTNER REQUESTED/INSISTED05 OTHER 96 (SPECIFY) DON'T KNOW98	→516C								
516B	What is the main reason you did <u>not</u> use a condom that time?	NOT AVAILABLE01 COST TOO MUCH.....02 USED FAMILY PLANNING METHOD ...03 CONDOMS TRANSMIT HIV04 CONDOMS HAVE WORMS.....05 TRUSTED PARTNER06 PARTNER WAS NEGATIVE/NO RISK...07 RESPONDENT DOESN'T LIKE.....08 PARTNER REFUSED/OBJECTED09 PARTNER DRUNK/ON DRUGS10 RESPONDENT DRUNK/ON DRUGS11 RESPONDENT WANTED TO GET PREGNANT12 OTHER 96 (SPECIFY)									
516C	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES 1 NO 2	→517								
516D	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY 2 BOTH RESPONDENT AND PARTNER... 3 NEITHER..... 4									
517	What is your relationship to the man with whom you last had sex? IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER 01 MAN IS BOYFRIEND/FIANCÉ 02 OTHER FRIEND..... 03 CASUAL ACQUAINTANCE..... 04 RELATIVE 05 PROSTITUTE..... 06 OTHER 96 (SPECIFY)	→519								
517A	CHECK 106: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> 15-24 YEARS OLD <div style="border: 1px solid black; width: 30px; height: 15px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> 25-49 YEARS OLD <div style="border: 1px solid black; width: 30px; height: 15px; margin: 0 auto;"></div> </div> </div>		→518								
517B	Was this man younger, about the same age or older than you? IF OLDER: Do you think that he was less than 10 years older than you or 10 or more years older than you?	YOUNGER1 ABOUT SAME AGE2 LESS THAN 10 YEARS OLDER.....3 10 OR MORE YEARS OLDER.....4 OLDER, DON'T KNOW DIFFERENCE.....5 DON'T KNOW8									
518	For how long have you had sexual relations with this man? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS.....1 WEEKS.....2 MONTHS3 YEARS4	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr> </table>								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
519	Have you had sex with any other man in the last 12 months?	YES 1 NO 2	→529
520	The last time you had sexual intercourse this second man, was a male or female condom used?	YES, MALE CONDOM 1 YES, FEMALE CONDOM 2 NO 3	→520B
520A	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STI/HIV 01 RESPONDENT WANTED TO PREVENT PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STI/HIV AND PREGNANCY 03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS 04 PARTNER REQUESTED/INSISTED 05 OTHER 96 (SPECIFY) DON'T KNOW 98	→520C
520B	What is the main reason you did <u>not</u> use a condom that time?	NOT AVAILABLE 01 COST TOO MUCH 02 USED FAMILY PLANNING METHOD 03 CONDOMS TRANSMIT HIV 04 CONDOMS HAVE WORMS 05 TRUSTED PARTNER 06 PARTNER WAS NEGATIVE/NO RISK 07 RESPONDENT DOESN'T LIKE 08 PARTNER REFUSED/OBJECTED 09 PARTNER DRUNK/ON DRUGS 10 RESPONDENT DRUNK/ON DRUGS 11 RESPONDENT WANTED TO GET PREGNANT 12 OTHER 96 (SPECIFY)	
520C	The last time you had sexual intercourse with this second person, did you or this person drink alcohol?	YES 1 NO 2	→521
520D	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY 2 BOTH RESPONDENT AND PARTNER 3 NEITHER 4	
521	What is your relationship to this second man? IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex with him? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER 01 MAN IS BOYFRIEND/FIANCÉ 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 PROSTITUTE 06 OTHER 96 (SPECIFY)	→523
521A	CHECK 106: 15-24 YEARS OLD <input type="checkbox"/> 25-49 YEARS OLD <input type="checkbox"/>		→522
521B	Was this man younger, about the same age or older than you? IF OLDER: Do you think that he was less than 10 years older than you or 10 or more years older than you?	YOUNGER 1 ABOUT SAME AGE 2 LESS THAN 10 YEARS OLDER 3 10 OR MORE YEARS OLDER 4 OLDER, DON'T KNOW DIFFERENCE 5 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
522	For how long have you had sexual relations with this second man? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS.....1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS.....2 MONTHS.....3 YEARS4									
523	Other than these two men, have you had sex with any other man in the last 12 months?	YES.....1 NO.....2	→527								
524	The last time you had sexual intercourse with this third man, was a male or a female condom used?	YES.....1 NO.....2	→524B								
524A	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STI/HIV.....01 RESPONDENT WANTED TO PREVENT PREGNANCY.....02 RESPONDENT WANTED TO PREVENT BOTH STI/HIV AND PREGNANCY03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS ..04 PARTNER REQUESTED/INSISTED05 OTHER96 (SPECIFY) DON'T KNOW98	→524C								
524B	What is the main reason you did <u>not</u> use a condom that time?	NOT AVAILABLE01 COST TOO MUCH.....02 USED FAMILY PLANNING METHOD03 CONDOMS TRANSMIT HIV04 CONDOMS HAVE WORMS.....05 TRUSTED PARTNER06 PARTNER WAS NEGATIVE/NO RISK...07 RESPONDENT DOESN'T LIKE.....08 PARTNER REFUSED/OBJECTED09 PARTNER DRUNK/ON DRUGS10 RESPONDENT DRUNK/ON DRUGS11 RESPONDENT WANTED TO GET PREGNANT12 OTHER96 (SPECIFY)									
524C	The last time you had sexual intercourse with this third person, did you or this person drink alcohol?	YES.....1 NO.....2	→525								
524D	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY1 PARTNER ONLY.....2 BOTH RESPONDENT AND PARTNER...3 NEITHER.....4									
525	What is your relationship to this third man? IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex with him? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER.....01 MAN IS BOYFRIEND/FIANCÉ02 OTHER FRIEND03 CASUAL ACQUAINTANCE04 RELATIVE.....05 COMMERCIAL SEX WORKER06 OTHER96 (SPECIFY)	→527								
525A	CHECK 106: 15-24 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> YEARS OLD 25-49 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> YEARS OLD				→526						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
525B	Was this man younger, about the same age or older than you? IF OLDER: Do you think that he was less than 10 years older than you or 10 or more years older than you?	YOUNGER1 ABOUT SAME AGE2 LESS THAN 10 YEARS OLDER.....3 10 OR MORE YEARS OLDER.....4 OLDER, DON'T KNOW DIFFERENCE.....5 DON'T KNOW8	
526	For how long have you had sexual relations with this third man? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS1 <input type="text"/> <input type="text"/> WEEKS2 <input type="text"/> <input type="text"/> MONTHS.....3 <input type="text"/> <input type="text"/> YEARS4 <input type="text"/> <input type="text"/>	
527	In total, how many different men have you had sexual intercourse with in the last 12 months? IF NON-NUMERIC, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95'.	NUMBER OF PARTNERS..... <input type="text"/> <input type="text"/> DON'T KNOW98	
528	In total, how many different men have you had sexual intercourse with in your lifetime? IF NON-NUMERIC, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95'.	NUMBER OF PARTNERS..... <input type="text"/> <input type="text"/> DON'T KNOW98	
529	Do you know of a place where a person can get male condoms?	YES1 NO2	→531
530	Where is that? Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITALA GOVT. HEALTH CENTERB FAMILY PLANNING CLINICC OTHER PUBLICD (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINICE PHARMACYF PRIVATE DOCTORG OTHER PRIVATE MEDICALH (SPECIFY) CHAL CHAL HOSPITALI CHAL HEALTH CENTER.....J CBDK COMMUNITY HEALTH WORKERL SUPPORT GROUPS.....M OTHER SOURCE SHOPN CHURCH.....O PEER EDUCATORSP FRIENDS/RELATIVES.....Q OTHERX (SPECIFY)	
531	If you wanted to, could you yourself get a male condom?	YES1 NO2 DON'T KNOW/UNSURE8	
532	Do you know of a place where one can get female condoms?	YES1 NO2	→534

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
533	<p>Where is that?</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL.....A</p> <p>GOVT. HEALTH CENTERB</p> <p>FAMILY PLANNING CLINICC</p> <p>OTHER PUBLICD</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINICE</p> <p>PHARMACYF</p> <p>PRIVATE DOCTORG</p> <p>OTHER PRIVATE</p> <p>MEDICALH</p> <p>(SPECIFY)</p> <p>CHAL</p> <p>CHAL HOSPITALI</p> <p>CHAL HEALTH CENTER.....J</p> <p>CBDK</p> <p>COMMUNITY HEALTH WORKERL</p> <p>SUPPORT GROUPS.....M</p> <p>OTHER SOURCE</p> <p>SHOPN</p> <p>CHURCH.....O</p> <p>PEER EDUCATORSP</p> <p>FRIENDS/RELATIVES.....Q</p> <p>OTHERX</p> <p>(SPECIFY)</p>	
534	If you wanted to, could you yourself get a female condom?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 310/310A: <div> NEITHER STERILIZED <input type="checkbox"/> </div> <div> HE OR SHE STERILIZED <input type="checkbox"/> </div>		→614
602	CHECK 226: <div> NOT PREGNANT OR UNSURE <input type="checkbox"/> </div> <div> PREGNANT <input type="checkbox"/> </div> <p>Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?</p> <p>Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?</p>	HAVE (A/ANOTHER) CHILD.....1 NO MORE/NONE2 SAYS SHE CAN'T GET PREGNANT3 UNDECIDED/DON'T KNOW: AND PREGNANT.....4 AND NOT PREGNANT OR UNSURE5	→604 →614 →610 →608
603	CHECK 226: <div> NOT PREGNANT OR UNSURE <input type="checkbox"/> </div> <div> PREGNANT <input type="checkbox"/> </div> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p>	MONTHS1 YEARS.....2 SOON/NOW993 SAYS SHE CAN'T GET PREGNANT994 AFTER MARRIAGE.....995 OTHER996 (SPECIFY) DON'T KNOW.....998	→609 →614 →609
604	CHECK 226: <div> NOT PREGNANT OR UNSURE <input type="checkbox"/> </div> <div> PREGNANT <input type="checkbox"/> </div>		→610
605	CHECK 309: USING A CONTRACEPTIVE METHOD? <div> NOT ASKED <input type="checkbox"/> </div> <div> NOT CURRENTLY USING <input type="checkbox"/> </div> <div> CURRENTLY USING <input type="checkbox"/> </div>		→608
606	CHECK 603: <div> NOT ASKED <input type="checkbox"/> </div> <div> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> </div> <div> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/> </div>		→610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 602:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Any other reason?</p>	<p>NOT MARRIED.....A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX.....B</p> <p>INFREQUENT SEX.....C</p> <p>MENOPAUSAL/HYSTERECTOMY.....D</p> <p>SUBFECUND/INFECUND.....E</p> <p>POSTPARTUM AMENORRHEIC.....F</p> <p>BREASTFEEDING.....G</p> <p>FATALISTIC.....H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED.....I</p> <p>HUSBAND/PARTNER OPPOSED.....J</p> <p>OTHERS OPPOSED.....K</p> <p>RELIGIOUS PROHIBITION.....L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD.....M</p> <p>KNOWS NO SOURCE.....N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS.....O</p> <p>FEAR OF SIDE EFFECTS.....P</p> <p>LACK OF ACCESS/TOO FAR.....Q</p> <p>COSTS TOO MUCH.....R</p> <p>INCONVENIENT TO USE.....S</p> <p>INTERFERES WITH BODY'S NATURAL PROCESSES.....T</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....Z</p>
608	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?	<p>BIG PROBLEM.....1</p> <p>SMALL PROBLEM.....2</p> <p>NO PROBLEM.....3</p> <p>SAYS SHE CAN'T GET PREGNANT/ NOT HAVING SEX.....4</p>	
609	<p>CHECK 309: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/></p>		→614
610	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	→612
611	Which contraceptive method would you prefer to use?	<p>FEMALE STERILIZATION.....01</p> <p>MALE STERILIZATION.....02</p> <p>PILL.....03</p> <p>IUD.....04</p> <p>INJECTABLES.....05</p> <p>IMPLANTS.....06</p> <p>MALE CONDOM.....07</p> <p>FEMALE CONDOM.....08</p> <p>DIAPHRAGM.....09</p> <p>FOAM/JELLY.....10</p> <p>LACTATIONAL AMEN. METHOD.....11</p> <p>PERIODIC ABSTINENCE.....12</p> <p>WITHDRAWAL.....13</p> <p>LOCAL TRADITIONAL METHODS.....14</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>UNSURE.....98</p>	→614

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED..... 11 FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECOND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COSTS TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER 96 (SPECIFY) DON'T KNOW 98	→614
613	Would you ever use a contraceptive method if you were married?	YES..... 1 NO 2 DON'T KNOW 8	
614	CHECK 216: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> HAS LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? </div> <div style="text-align: center;"> NO LIVING CHILDREN <input type="checkbox"/> If you could choose exactly the number of children to have in your whole life, how many would that be? </div> </div> PROBE FOR A NUMERIC RESPONSE.	NUMBER 00 NUMBER <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> OTHER 96 (SPECIFY)	→616 →616
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> BOYS GIRLS EITHER </div> NUMBER <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> OTHER 96 (SPECIFY)	
616	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 3	
617	In the last 3 months have you heard about family planning: <div style="margin-left: 40px;"> On the radio? On the television? In a newspaper or magazine? On billboards, posters, pamphlets? </div>	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> YES NO </div> RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2 BILLBRDS/POSTERS/PAMPH 1 2	
619	In the last 3 months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES..... 1 NO 2	→621

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
620	<p>With whom?</p> <p>Anyone else?</p> <p>RECORD ALL PERSONS MENTIONED.</p>	<p>HUSBAND/PARTNER.....A</p> <p>MOTHER.....B</p> <p>FATHER.....C</p> <p>SISTER(S).....D</p> <p>BROTHER(S).....E</p> <p>DAUGHTER.....F</p> <p>SON.....G</p> <p>MOTHER-IN-LAW.....H</p> <p>FRIENDS/NEIGHBORS.....I</p> <p>TEACHERS.....J</p> <p>CHIEFS.....K</p> <p>OTHER.....X</p> <p>(SPECIFY)</p>	
621	<p>CHECK 501:</p> <p>YES, <input type="checkbox"/> CURRENTLY MARRIED</p> <p>YES, <input type="checkbox"/> LIVING WITH A MAN</p> <p>NO, <input type="checkbox"/> NOT IN UNION</p>		→628
622	<p>CHECK 310/310A:</p> <p>ANY CODE CIRCLED <input type="checkbox"/></p> <p>NO CODE CIRCLED <input type="checkbox"/></p>		→624
623	<p>You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's decision or did you both decide together?</p>	<p>MAINLY RESPONDENT.....1</p> <p>MAINLY HUSBAND/PARTNER.....2</p> <p>JOINT DECISION.....3</p> <p>OTHER.....6</p> <p>(SPECIFY)</p>	
624	<p>Now I want to ask you about your husband's/partner's views on family planning.</p> <p>Do you think that your husband/partner approves or disapproves of couples using a contraceptive method to avoid pregnancy?</p>	<p>APPROVES.....1</p> <p>DISAPPROVES.....2</p> <p>DON'T KNOW.....8</p>	
625	<p>How often have you talked to your husband/partner about family planning in the past year?</p>	<p>NEVER.....1</p> <p>ONCE OR TWICE.....2</p> <p>MORE OFTEN.....3</p>	
626	<p>CHECK 310/310A:</p> <p>NEITHER <input type="checkbox"/> STERILIZED</p> <p>HE OR SHE <input type="checkbox"/> STERILIZED</p>		→628
627	<p>Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?</p>	<p>SAME NUMBER.....1</p> <p>MORE CHILDREN.....2</p> <p>FEWER CHILDREN.....3</p> <p>DON'T KNOW.....8</p>	
628	<p>Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:</p> <p>She knows her husband has a sexually transmitted disease?</p> <p>She knows her husband has sex with women other than his wives?</p> <p>She has recently given birth?</p> <p>She is tired or not in the mood?</p>	<p>YES NO DK</p> <p>HAS STD.....1 2 8</p> <p>OTHER WOMEN.....1 2 8</p> <p>RECENT BIRTH.....1 2 8</p> <p>TIRED/MOOD.....1 2 8</p>	
628A	<p>When a wife knows her husband has a sexually transmitted disease, is she justified in asking that they use a condom?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 501 AND 502: <div style="display: flex; justify-content: space-around;"> <div> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div>	→703 →707	
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
703	Did your (last) husband/partner ever attend school?	YES1 NO2	→706
704	What is the highest level of school he attended?	PRIMARY1 VOCAT/TECHN. TRAINING AFTER PRIMARY2 SECONDARY/HIGH3 VOCAT/TECHN. TRAINING AFTER SECONDARY/HIGH4 COLLEGE5 GRADUATE/POST GRADUATE6 DON'T KNOW8	→706
705	What is the highest (standard/form/year) he completed at that level?	STND/FORM/YEAR..... <input type="text"/> <input type="text"/> DON'T KNOW 98	
706	CHECK 701: <div style="display: flex; justify-content: space-around;"> <div> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?</p>	<input type="text"/> <input type="text"/> _____ _____ _____	
707	Aside from your own housework, are you currently working?	YES1 NO2	→710
708	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES1 NO2	→710
709	Have you done any work in the last 12 months?	YES1 NO2	→719
710	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> _____ _____ _____	
711	CHECK 710: <div style="display: flex; justify-content: space-around;"> <div> <p>WORKS IN AGRICULTURE</p> <input type="checkbox"/> </div> <div> <p>DOES NOT WORK IN AGRICULTURE</p> <input type="checkbox"/> </div> </div>	→713	
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND1 FAMILY LAND2 RENTED LAND3 SOMEONE ELSE'S LAND4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER1 FOR SOMEONE ELSE2 SELF-EMPLOYED3	
714	Do you usually work at home or away from home?	HOME.....1 AWAY.....2	
715	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR.....1 SEASONALLY/PART OF THE YEAR2 ONCE IN A WHILE.....3	
716	Are you paid or do you earn in cash or kind for this work or are you not paid at all?	CASH ONLY1 CASH AND KIND2 IN KIND ONLY3 NOT PAID4	719
717	Who mainly decides how the money you earn will be used?	MYSELF1 HUSBAND/PARTNER.....2 RESPONDENT AND HUSBAND/PARTNER JOINTLY3 SOMEONE ELSE4 RESPONDENT AND SOMEONE ELSE JOINTLY5	
718	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE1 LESS THAN HALF2 ABOUT HALF3 MORE THAN HALF4 ALL5 NONE, HER INCOME IS ALL SAVED6	
719	Who in your family usually has the final say on the following decisions: Your own health care? Making large household purchases? Making household purchases for daily needs? Visits to family or relatives? What food should be cooked each day?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6	
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)	<div> <div>PRES/ LISTEN.</div> <div>PRES/ NOT LISTEN.</div> <div>NOT PRES</div> </div> CHILDREN <10 1 2 8 HUSBAND 1 2 8 OTHER MALES 1 2 8 OTHER FEMALES 1 2 8	
721	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food? If she refuses to let husband decide how she should use her pay?	<div> <div>YES</div> <div>NO</div> <div>DK</div> </div> GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8 REFUSES TO LET HUSB. DECIDE ABOUT HER PAY . 1 2 8	

SECTION 8: HIV AND AIDS, OTHER SEXUALLY TRANSMITTED DISEASES, AND TUBERCULOSIS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 837
802	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
803	Can a person get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
804	Can a person get the AIDS virus from kissing another person?	YES 1 NO 2 DON'T KNOW 8	
805	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
806	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
807	Can people get the AIDS virus by using the same eating utensils as a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
808	Can people reduce their chance of getting the AIDS virus by not having sex at all?	YES 1 NO 2 DON'T KNOW 8	
809	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
810	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	→ 812
811	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL HEALER N OTHER W (SPECIFY) OTHER X (SPECIFY) DON'T KNOW Z	
812	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
813	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
814	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table><tr><td>YES</td><td>NO</td><td>DK</td></tr><tr><td>DURING PREG 1</td><td>2</td><td>8</td></tr><tr><td>DURING DELIVERY... 1</td><td>2</td><td>8</td></tr><tr><td>BREASTFEEDING 1</td><td>2</td><td>8</td></tr></table>	YES	NO	DK	DURING PREG 1	2	8	DURING DELIVERY... 1	2	8	BREASTFEEDING 1	2	8				
YES	NO	DK																
DURING PREG 1	2	8																
DURING DELIVERY... 1	2	8																
BREASTFEEDING 1	2	8																
815	Are there any special medications that a doctor or a nurse can give to a pregnant woman infected with the AIDS virus can take to reduce the risk of transmission to the baby?	YES..... 1 NO 2 DON'T KNOW..... 8																
816	Is there any special medication that people infected with the AIDS virus can get from a doctor or a nurse?	YES..... 1 NO 2 DON'T KNOW..... 8																
817	CHECK 215: LAST BIRTH SINCE <input type="text"/> JANUARY 2002 NO BIRTHS/ LAST BIRTH BEFORE <input type="text"/> JANUARY 2002		→820															
818	CHECK 407: SOMEONE SEEN FOR ANTENATAL CARE FOR LAST PREGNANCY SINCE 2002 <input type="text"/> NOONE SEEN FOR ANTENATAL CARE FOR LAST PREGNANCY SINCE 2002 <input type="text"/>		→820															
819	During any of the antenatal visits for that pregnancy, did anyone talk to you about: 1. Babies getting the AIDS virus from their mother? 2. Things that you can do to prevent getting the AIDS virus? 3. Getting tested for the AIDS virus? 4. Special medications that can be taken by pregnant women to reduce risk of transmission of the AIDS virus to their baby?	<table><tr><td>YES</td><td>NO</td><td>DK</td></tr><tr><td>AIDS FROM MOTHER 1</td><td>2</td><td>8</td></tr><tr><td>THINGS TO DO 1</td><td>2</td><td>8</td></tr><tr><td>GETTING TESTED 1</td><td>2</td><td>8</td></tr><tr><td>MEDICATIONS..... 1</td><td>2</td><td>8</td></tr></table>	YES	NO	DK	AIDS FROM MOTHER 1	2	8	THINGS TO DO 1	2	8	GETTING TESTED 1	2	8	MEDICATIONS..... 1	2	8	
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AIDS FROM MOTHER 1	2	8																
THINGS TO DO 1	2	8																
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MEDICATIONS..... 1	2	8																
820	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES..... 1 NO 2	→824															
821	When was the last time you were tested?	LESS THAN 12 MONTHS 1 12-23 MONTHS 2 2 YEARS OR MORE..... 3																
822	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3																
823	I don't want to know the results, but did you get the results of the test?	YES..... 1 NO 2	↱826A															
824	Would you want to be tested for the AIDS virus?	YES..... 1 NO 2 DON'T KNOW/UNSURE 8																
825	Do you know a place where you could go to get an AIDS test?	YES..... 1 NO 2	→827															

826	Where can you go for the test? RECORD ONLY FIRST RESPONSE GIVEN.	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER ... 12 FAMILY PLANNING CLINIC 13 OTHER PUBLIC 16 (SPECIFY)													
826A	Where did you go for the test? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 OTHER PRIVATE MEDICAL 26 (SPECIFY) CHAL CHAL HOSPITAL 31 CHAL HEALTH CENTER 32 CBD 41 COMMUNITY HEALTH WORKER 42 SUPPORT GROUPS 43 OTHER SOURCE SHOP 51 CHURCH 52 FRIENDS/RELATIVES 53 OTHER 96 (SPECIFY)													
827	CHECK 501: YES, CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→829												
828	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your husband/the man you are living with)?	YES 1 NO 2													
829	In your opinion, is it acceptable or unacceptable for a woman to talk with her partner about ways to prevent getting the virus that causes AIDS?	ACCEPTABLE 1 UNACCEPTABLE 2													
830	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: On the radio? On the TV? In newspapers?	<table border="0"> <thead> <tr> <th></th> <th>ACCEPT- ABLE</th> <th>NOT ACCEPT- ABLE</th> </tr> </thead> <tbody> <tr> <td>ON THE RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>ON THE TV</td> <td>1</td> <td>2</td> </tr> <tr> <td>IN NEWSPAPERS</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		ACCEPT- ABLE	NOT ACCEPT- ABLE	ON THE RADIO	1	2	ON THE TV	1	2	IN NEWSPAPERS	1	2	
	ACCEPT- ABLE	NOT ACCEPT- ABLE													
ON THE RADIO	1	2													
ON THE TV	1	2													
IN NEWSPAPERS	1	2													
831	Would you buy fresh vegetables from a vendor who has the AIDS virus?	YES 1 NO 2 DK/NOT SURE 8													
832	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES 1 NO 2 DK/NOT SURE 8													
833	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE 8													
834A	If a female teacher has the AIDS virus, should she be allowed to continue teaching in the school?	CAN CONTINUE 1 SHOULD NOT CONTINUE 2 DK/NOT SURE 8													
834B	If a male teacher has the AIDS virus, should she be allowed to continue teaching in the school?	CAN CONTINUE 1 SHOULD NOT CONTINUE 2 DK/NOT SURE 8													
835	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE 8													

836	Have you ever been taught how to use a condom?	YES1 NO2	→837
836A	Where/who taught you how to use a condom? Anywhere/anybody else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITALA GOVT. HEALTH CENTERB FAMILY PLANNING CLINICC OTHER PUBLICD (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINICE PHARMACYF PRIVATE DOCTORG OTHER PRIVATE MEDICALH (SPECIFY) CHAL CHAL HOSPITALI CHAL HEALTH CENTERJ CBDK COMMUNITY HEALTH WORKERL SUPPORT GROUPSM OTHER SOURCE MEDIAN PEER EDUCATORSO SHOPP CHURCHQ FRIENDS/RELATIVESR OTHERX (SPECIFY)	
837	(Apart from AIDS), have you heard about other infections that can be transmitted through sexual contact?	YES1 NO2	→840
838	If a man has a sexually transmitted infection, what symptoms might he have? Any others? RECORD ALL SYMPTOMS MENTIONED.	ABDOMINAL PAINA GENITAL DISCHARGE/DIPPINGB FOUL SMELLING DISCHARGEC BURNING PAIN ON URINATIOND REDNESS/INFLAMMATION IN GENITAL AREAE SWELLING IN GENITAL AREAF GENITAL SORES/ULCERSG GENITAL WARTSH GENITAL ITCHINGI BLOOD IN URINEJ LOSS OF WEIGHTK IMPOTENCEL OTHERW (SPECIFY) OTHERX (SPECIFY) NO SYMPTOMSY DON'T KNOWZ	

839	<p>If a woman has a sexually transmitted infection, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>HARD TO GET PREGNANT/HAVE A CHILD L</p> <p>OTHER W (SPECIFY)</p> <p>OTHER X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>	
840	<p>CHECK 514:</p> <p>HAS HAD SEXUAL <input type="checkbox"/> HAS NOT HAD SEXUAL <input type="checkbox"/> INTERCOURSE <input type="checkbox"/> INTERCOURSE</p>		→851
841	<p>CHECK 837:</p> <p>KNOWS STI <input type="checkbox"/> DOES NOT KNOW <input type="checkbox"/> STI</p>		→843
842	<p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a sexually-transmitted infection?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
843	<p>Sometimes, women experience a bad smelling abnormal genital discharge.</p> <p>During the last 12 months, have you had a bad smelling abnormal genital discharge?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
844	<p>Sometimes women have a genital sore or ulcer.</p> <p>During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
845	<p>CHECK 842/843/844:</p> <p>HAS HAD AN <input type="checkbox"/> HAS NOT HAD AN <input type="checkbox"/> INFECTION INFECTION OR DOES NOT KNOW</p>		→851
846	<p>The last time you had (PROBLEM FROM 842/843/844), did you seek any kind of advice or treatment?</p>	<p>YES 1</p> <p>NO 2</p>	→848

847	Where did you go?	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B FAMILY PLANNING CLINIC C OTHER PUBLIC D (SPECIFY)
	Anywhere else?	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC E PHARMACY F PRIVATE DOCTOR G OTHER PRIVATE MEDICAL H (SPECIFY)
	RECORD ALL MENTIONED.	CHAL CHAL HOSPITAL I CHAL HEALTH CENTER J CBD K COMMUNITY HEALTH WORKER L SUPPORT GROUPS M OTHER SOURCE SHOP N CHURCH O FRIENDS/RELATIVES P TRADITIONAL HEALER Q OTHER X (SPECIFY)

848	When you had (PROBLEM FROM 842/843/844), did you do something to avoid infecting your sexual partner(s)?	YES 1 NO 2 PARTNER ALREADY INFECTED 3	<input type="checkbox"/> → 851																		
849	When you had (PROBLEM FROM 842/843/844), did you inform your sexual partner(s) about it?	YES 1 SOME/NOT ALL 2 NO 3 DID NOT HAVE PARTNER 4	<input type="checkbox"/> → 851																		
850	What did you do to avoid infecting your partner(s)? Did you.... <div style="margin-left: 40px;"> Use medicine? Stop having sex? Use a condom when having sex? </div>	<table border="0" style="width: 100%;"> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> <tr> <td>USE MEDICINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STOP SEX</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>USE CONDOM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	USE MEDICINE	1	2	STOP SEX	1	2	USE CONDOM	1	2							
	YES	NO																			
USE MEDICINE	1	2																			
STOP SEX	1	2																			
USE CONDOM	1	2																			
851	Now I would like to ask you about something else. Since age 15, have you ever had the following symptoms: <div style="margin-left: 40px;"> a. Cough for two weeks or more? b. Fever for two weeks or more? c. Chest or back pain? d. Coughing up blood? e. Sweating at night? </div>	<table border="0" style="width: 100%;"> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> <tr> <td>COUGH 2+ WEEKS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FEVER 2+ WEEKS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CHEST/BACK PAIN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD IN SPUTUM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NIGHT SWEATING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	COUGH 2+ WEEKS	1	2	FEVER 2+ WEEKS	1	2	CHEST/BACK PAIN	1	2	BLOOD IN SPUTUM	1	2	NIGHT SWEATING	1	2	
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CHEST/BACK PAIN	1	2																			
BLOOD IN SPUTUM	1	2																			
NIGHT SWEATING	1	2																			
852	CHECK 851: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> AT LEAST ONE 'YES' (ANY SYMPTOMS) </div> <div style="text-align: center;"> <input type="checkbox"/> </div> <div style="text-align: center;"> NOT A SINGLE 'YES' (NO SYMPTOM) </div> <div style="text-align: center;"> <input type="checkbox"/> </div> </div>		<input type="checkbox"/> → 860																		
853	Did you seek consultation or treatment for the symptom(s)?	YES 1 NO 2	<input type="checkbox"/> → 855																		

854	What is the main reason you did <u>not</u> seek consultation or treatment for the symptom(s)?	SYMPTOMS HARMLESS 1 COST 2 DISTANCE 3 EMBARRASSED 4 NOT ALLOWED 5 OTHER 6 (SPECIFY)	→860
855	The last time you had such symptoms, where did you first go for advice or treatment? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL11 GOVT. HEALTH CENTER12 FAMILY PLANNING CLINIC13 OTHER PUBLIC 14 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PHARMACY22 PRIVATE DOCTOR.....23 OTHER PRIVATE MEDICAL 24 (SPECIFY) CHAL CHAL HOSPITAL31 CHAL HEALTH CENTER32 CBD41 COMMUNITY HEALTH WORKER42 SUPPORT GROUPS43 TRADITIONAL HEALER.....51 OTHER 96 (SPECIFY)	
856	How soon after the symptom(s) did you first seek consultation or treatment?	DAYS 1 WEEKS 2 MONTHS 3 DON'T KNOW 998	
857	During that first visit, were you told by a doctor or another health professional that you had tuberculosis?	YES 1 NO 2	→860
858	Did you go anywhere else for advice or treatment after you were told that you had tuberculosis?	YES 1 NO 2	→861

859	<p>Where did you go?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>OTHER PUBLIC 14</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>OTHER PRIVATE MEDICAL 24</p> <p>(SPECIFY)</p> <p>CHAL</p> <p>CHAL HOSPITAL 31</p> <p>CHAL HEALTH CENTER 32</p> <p>CBD 41</p> <p>COMMUNITY HEALTH WORKER 42</p> <p>SUPPORT GROUPS 43</p> <p>TRADITIONAL HEALER 51</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 861</p>
860	Have you ever heard of an illness called tuberculosis?	<p>YES 1</p> <p>NO 2</p>	→ 901
861	Do you think tuberculosis can be cured?	<p>YES 1</p> <p>NO 2</p>	
862	Would you be willing to work with someone who has been previously treated for tuberculosis?	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE 8</p>	
863	<p>What signs or symptoms would lead you to think that a person has tuberculosis?</p> <p>PROBE: Any others?</p> <p>RECORD ALL MENTIONED.</p>	<p>COUGHING A</p> <p>COUGHING WITH SPUTUM B</p> <p>COUGHING FOR SEVERAL WEEKS C</p> <p>FEVER D</p> <p>BLOOD IN SPUTUM E</p> <p>LOSS OF APPETITE F</p> <p>NIGHT SWEATING G</p> <p>PAIN IN CHEST OR BACK H</p> <p>TIREDNESS/FATIGUE I</p> <p>WEIGHT LOSS J</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>	
864	<p>What do you think is the cause of tuberculosis?</p> <p>PROBE: Anything else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MICROBES/GERMS/BACTERIA A</p> <p>INHERITED B</p> <p>LIFESTYLE C</p> <p>SMOKING D</p> <p>ALCOHOL DRINKING E</p> <p>EXPOSURE TO COLD TEMPERAT. F</p> <p>DUST/POLLUTION G</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>OTHER Y</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	

SECTION 9. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
901	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER..... <input type="text"/> <input type="text"/>					
902	CHECK 901: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> →914						
903	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS..... <input type="text"/> <input type="text"/>					
904	What was the name given to your oldest (next oldest) brother or sister?	[1] _____	[2] _____	[3] _____	[4] _____	[5] _____	[6] _____
905	Is (NAME) male or female?	MALE1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE1 FEMALE.....2	MALE1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE1 FEMALE.....2
906	Is (NAME) still alive?	YES1 NO2 ↳GO TO 908 DK8 ↳GO TO [2]	YES1 NO2 ↳GO TO 908 DK8 ↳GO TO [3]	YES1 NO2 ↳GO TO 908 DK8 ↳GO TO [4]	YES1 NO2 ↳GO TO 908 DK8 ↳GO TO [5]	YES1 NO2 ↳GO TO 908 DK8 ↳GO TO [6]	YES1 NO2 ↳GO TO 908 DK8 ↳GO TO [7]
907	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [2]	<input type="text"/> <input type="text"/> GO TO [3]	<input type="text"/> <input type="text"/> GO TO [4]	<input type="text"/> <input type="text"/> GO TO [5]	<input type="text"/> <input type="text"/> GO TO [6]	<input type="text"/> <input type="text"/> GO TO [7]
908	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
909	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [2]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [3]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [4]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [5]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [6]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [7]
910	Was (NAME) pregnant when she died?	YES1 GO TO 913↙ NO2	YES1 GO TO 913↙ NO2	YES1 GO TO 913↙ NO2	YES1 GO TO 913↙ NO2	YES1 GO TO 913↙ NO2	YES1 GO TO 913↙ NO2
911	Did (NAME) die during childbirth?	YES1 GO TO 913↙ NO2	YES1 GO TO 913↙ NO2	YES1 GO TO 913↙ NO2	YES1 GO TO 913↙ NO2	YES1 GO TO 913↙ NO2	YES1 GO TO 913↙ NO2
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES1 NO2	YES1 NO2	YES1 NO2	YES1 NO2	YES1 NO2	YES1 NO2
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
IF NO MORE BROTHERS OR SISTERS, GO TO 914							

904	What was name given to your oldest (next oldest) brother or sister?	[7] _____	[8] _____	[9] _____	[10] _____	[11] _____	[12] _____
905	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
906	Is (NAME) still alive?	YES 1 NO 2 ↳ GO TO 908 DK 8 ↳ GO TO [8]	YES 1 NO 2 ↳ GO TO 908 DK 8 ↳ GO TO [9]	YES 1 NO 2 ↳ GO TO 908 DK 8 ↳ GO TO [10]	YES 1 NO 2 ↳ GO TO 908 DK 8 ↳ GO TO [11]	YES 1 NO 2 ↳ GO TO 908 DK 8 ↳ GO TO [12]	YES 1 NO 2 ↳ GO TO 908 DK 8 ↳ GO TO [13]
907	How old is (NAME)?	<div><div></div><div></div></div> GO TO [8]	<div><div></div><div></div></div> GO TO [9]	<div><div></div><div></div></div> GO TO [10]	<div><div></div><div></div></div> GO TO [11]	<div><div></div><div></div></div> GO TO [12]	<div><div></div><div></div></div> GO TO [13]
908	How many years ago did (NAME) die?	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
909	How old was (NAME) when he/she died?	<div><div></div><div></div></div> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<div><div></div><div></div></div> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [9]	<div><div></div><div></div></div> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10]	<div><div></div><div></div></div> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [11]	<div><div></div><div></div></div> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12]	<div><div></div><div></div></div> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13]
910	Was (NAME) pregnant when she died?	YES 1 GO TO 913↙ NO 2	YES 1 GO TO 913↙ NO 2	YES 1 GO TO 913↙ NO 2	YES 1 GO TO 913↙ NO 2	YES 1 GO TO 913↙ NO 2	YES 1 GO TO 913↙ NO 2
911	Did (NAME) die during childbirth?	YES 1 GO TO 913↙ NO 2	YES 1 GO TO 913↙ NO 2	YES 1 GO TO 913↙ NO 2	YES 1 GO TO 913↙ NO 2	YES 1 GO TO 913↙ NO 2	YES 1 GO TO 913↙ NO 2
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
IF NO MORE BROTHERS OR SISTERS, GO TO 914							

904	What was name given to your oldest (next oldest) brother or sister?	[13] _____	[14] _____	[15] _____	[16] _____	[17] _____	[18] _____
905	Is (NAME) male or female?	MALE1 FEMALE.....2	MALE..... 1 FEMALE 2	MALE1 FEMALE2	MALE 1 FEMALE..... 2	MALE..... 1 FEMALE 2	MALE 1 FEMALE..... 2
906	Is (NAME) still alive?	YES.....1 NO.....2 ↳GO TO 908 DK.....8 ↳GO TO [14]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [15]	YES.....1 NO.....2 ↳GO TO 908 DK.....8 ↳GO TO [16]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [17]	YES 1 NO 2 ↳GO TO 908 DK.....8 ↳GO TO [18]	YES..... 1 NO 2 ↳GO TO 908 DK..... 8 ↳GO TO [19]
907	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [14]	<input type="text"/> <input type="text"/> GO TO [15]	<input type="text"/> <input type="text"/> GO TO [16]	<input type="text"/> <input type="text"/> GO TO [17]	<input type="text"/> <input type="text"/> GO TO [18]	<input type="text"/> <input type="text"/> GO TO [19]
908	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
909	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [14]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [15]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [16]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [17]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [18]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [19]
910	Was (NAME) pregnant when she died?	YES.....1 GO TO 913↙ NO.....2	YES 1 GO TO 913↙ NO 2	YES.....1 GO TO 913↙ NO2	YES 1 GO TO 913↙ NO 2	YES 1 GO TO 913↙ NO 2	YES..... 1 GO TO 913↙ NO..... 2
911	Did (NAME) die during childbirth?	YES.....1 GO TO 913↙ NO.....2	YES 1 GO TO 913↙ NO 2	YES.....1 GO TO 913↙ NO2	YES 1 GO TO 913↙ NO 2	YES 1 GO TO 913↙ NO 2	YES..... 1 GO TO 913↙ NO..... 2
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2	YES 1 NO 2	YES.....1 NO2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO..... 2
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
IF NO MORE BROTHERS OR SISTERS, GO TO 914							
914	RECORD THE TIME.				HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>		

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

LESOTHO DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE

21 August, 2004

IDENTIFICATION																						
PLACE NAME _____ NAME OF HOUSEHOLD HEAD _____ EA NUMBER HOUSEHOLD NUMBER LESOTHO ECOLOGICAL ZONE (LOWLANDS=1, FOOTHILLS=2, MOUNTAINS=3, SENQU RIVER VALLEY=4) DISTRICT ¹ URBAN/RURAL (URBAN=1, RURAL=2) NAME AND LINE NUMBER OF MAN _____				<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																		
INTERVIEWER VISITS																						
	1	2	3	FINAL VISIT																		
DATE INTERVIEWER'S NAME RESULT*	_____ _____ _____	_____ _____ _____	_____ _____ _____	DAY MONTH YEAR NAME RESULT																		
NEXT VISIT: DATE TIME	_____ _____	_____ _____		TOTAL NO. OF VISITS <input style="width: 30px; height: 20px;" type="text"/>																		
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 INCAPACITATED 7 OTHER _____ (SPECIFY)																						
LANGUAGE OF QUESTIONNAIRE: ENGLISH LANGUAGE OF INTERVIEW *** _____ HOME LANGUAGE OF RESPONDENT*** _____ WAS A TRANSLATOR USED? (YES=1, NO=2).....				<table border="1" style="margin: auto;"> <tr><td>0</td><td>1</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	0	1																
0	1																					
*** LANGUAGE CODES: 01 ENGLISH 06 OTHER _____ 02 SESOTHO (SPECIFY)																						
FIELD EDITOR	SUPERVISOR		OFFICE EDITOR	KEYED BY																		
NAME _____ DATE _____	NAME _____ DATE _____		 	 																		

¹ 01=BUTHA-BUTHE; 02=LERIBE; 03=BEREA; 04=MASERU; 05=MAFETENG; 06=MOHALE'S HOEK; 07=QUTHING;
08=QASHA'S NEK; 09=MOKHOTLONG; 10=THABA-TSEKA

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Ministry of Health and Social Welfare. We are conducting a national survey about the health of men, women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health. This information will help the government to plan health services. The survey usually takes between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED..... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 —▶END
v

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR..... MINUTES	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in an urban or in a rural area?	URBAN1 RURAL.....2	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ALWAYS.....95 VISITOR96	1 ▶105
104	Just before you moved here, did you live in an urban or in a rural area?	URBAN1 RURAL.....2	
105	In the last 12 months, on how many separate occasions have you traveled away from this household and slept away?	NUMBER OF TRIPS AWAY .. NONE00	▶107
106	In the last 12 months, have you been away from your home community for more than 1 month at a time?	YES1 NO2	
107	In what month and year were you born?	MONTH DON'T KNOW MONTH98 YEAR..... DON'T KNOW YEAR.....9998	
108	How old were you at your last birthday? COMPARE AND CORRECT 107 AND/OR 108 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
109	Have you ever attended school?	YES1 NO2	▶116

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	What is the highest level of school you attended?	PRIMARY 1 VOCAT/TECHN. TRAINING AFTER PRIMARY 2 SECONDARY/HIGH 3 VOCAT/TECHN. TRAINING AFTER SECONDARY/HIGH 4 COLLEGE 5 GRADUATE/POST GRADUATE 6	
111	What is the highest (standard/form/year) you completed at that level?	STND/FORM/YEAR <input type="text"/>	
112	CHECK 108: AGE 24 OR BELOW <input type="checkbox"/> AGE 25 OR ABOVE <input type="checkbox"/>		→115
113	Are you currently attending school?	YES 1 NO 2	→115
114	What is the main reason you are not attending school?	GOT MARRIED 01 CARE FOR YOUNGER CHILDREN 02 FAMILY NEEDED HELP ON FARM OR IN BUSINESS 03 COULD NOT PAY SCHOOL FEES 04 NEEDED TO WORK FOR MONEY 05 GRADUATED 06 DID NOT PASS ENTRANCE EXAMS 07 DID NOT LIKE SCHOOL 08 SCHOOL NOT ACCESSIBLE/ TOO FAR 09 OTHER 96 (SPECIFY) DON'T KNOW 98	
115	CHECK 110: PRIMARY/ VOCATION/TECHN. <input type="checkbox"/> AFTER PRIMARY SECONDARY OR HIGHER <input type="checkbox"/>		→119
116	Now I would like you to read this sentence. SHOW CARD TO RESPONDENT. ¹ IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
117	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
118	CHECK 116: CODE '2', '3' <input type="checkbox"/> OR '4' CIRCLED CODE '1' OR '5' <input type="checkbox"/> CIRCLED		→120
119	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	→120

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
119A	What kind of newspapers or magazines do you read: Lesotho newspapers/magazines, RSA newspapers/magazines, or any other? RECORD ALL MENTIONED.	LESOTHO NEWSPAPER/MAGAZINE..... A RSA NEWSPAPER/MAGAZINE..... B OTHER _____X (SPECIFY)	
120	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY1 AT LEAST ONCE A WEEK2 LESS THAN ONCE A WEEK3 NOT AT ALL4	->121
120A	What kind of radio do you listen to: Lesotho radio, RSA radio, or any other? RECORD ALL MENTIONED.	LESOTHO RADIO A RSA RADIO B OTHER _____X (SPECIFY)	
121	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY1 AT LEAST ONCE A WEEK2 LESS THAN ONCE A WEEK3 NOT AT ALL4	->122
121A	What kind of TV do you watch: Lesotho TV, RSA TV, or any other? RECORD ALL MENTIONED.	LESOTHO TV A RSA TV B OTHER _____X (SPECIFY)	
122	Are you currently working?	YES.....1 NO2	->125
123	Have you done any work in the last 12 months?	YES1 NO2	->125
124	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING1 LOOKING FOR WORK2 RETIRED3 UNABLE TO WORK, ILL/HANDICAPPED4 HOUSEWORK/CHILDCARE5 OTHER6 (SPECIFY)	->132
125	What is your occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
126	CHECK 125: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		->128
127	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND1 FAMILY LAND2 RENTED LAND3 SOMEONE ELSE'S LAND4	
128	During the last 12 months, how many months did you work?	NUMBER OF MONTHS <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
129	Are/were you paid in cash or kind for this work, or are you not paid at all?	CASH ONLY1 CASH AND KIND2 IN KIND ONLY3 NOT PAID4	↳132
130	Who mainly decides how the money you earn will be used?	RESPONDENT1 WIFE/PARTNER2 RESPONDENT AND WIFE/ PARTNER JOINTLY3 SOMEONE ELSE4 RESPONDENT AND SOMEONE ELSE JOINTLY5	
131	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE1 LESS THAN HALF2 ABOUT HALF3 MORE THAN HALF4 ALL5 NONE, HIS INCOME IS ALL SAVED6	
132	What religion do you belong to? IF CHRISTIAN: What church do you belong to?	ROMAN CATHOLIC CHURCH01 LESOTHO EVANGELICAL CHURCH02 METHODIST03 ANGLICAN CHURCH04 SEVENTH DAY ADVENTIST05 PENTECOSTAL06 OTHER CHRISTIAN07 NONE08 OTHER RELIGION _____ 96 (SPECIFY)	

¹ LITERACY CARD (Q. 116):

1. Parents love their children.

2. Farming is hard work.

3. Birds fly in the sky.

4. Children work hard at school.

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	YES1 NO2 DON'T KNOW8	└>206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES1 NO2	└>204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME DAUGHTERS AT HOME	
204	Do you have any sons or daughters you have fathered who are alive but do not live with you?	YES1 NO2	└>206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE ..	
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES1 NO2 DON'T KNOW8	└>208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD GIRLS DEAD.....	
208	(In addition to the children that you have just told me about), do you have: a) any other living sons or daughters who are biologically your children but who are not legally yours or do not have your last name? b) any other sons or daughters who died who were biologically your children but who were not legally yours or did not have your last name? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NO TO BOTH v </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> YES TO EITHER OR BOTH </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> PROBE AND >CORRECT 201-207 AS NECESSARY. </div> </div>		
209	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN 	
210	CHECK 209: HAS HAD MORE THAN ONE CHILD v HAS HAD ONLY ONE CHILD HAS NOT HAD ANY CHILDREN		└>213 └>301
211	Do the children that you have fathered all have the same biological mother?	YES1 NO2	└>213
212	In all, how many women have you fathered children with?	NUMBER OF WOMEN.....	
213	How old were you when your (first) child was born?	AGE IN YEARS	

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302 IF APPLICABLE.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK:		302 Have you (or your partner) ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES..... 1 NO 2 v	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES..... 1 NO 2 v	Have you ever had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES..... 1 NO 2 v	
04	IUCD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES..... 1 NO 2 v	
05	INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	YES..... 1 NO 2 v	
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES..... 1 NO 2 v	
07	MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES..... 1 NO 2 v	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES..... 1 NO 2 v	YES 1 NO 2
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES..... 1 NO 2 v	
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES..... 1 NO 2 v	
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES..... 1 NO 2 v	
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES..... 1 NO 2 v	YES 1 NO 2 DON'T KNOW 8
13	WITHDRAWAL Men can be careful and pull out before climax.	YES..... 1 NO 2 v	YES 1 NO 2
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse or IUCD up to five days after sexual intercourse to avoid becoming pregnant.	YES..... 1 NO 2 v	
15	LOCAL TRADITIONAL METHODS There are various traditional methods that exist in different regions in Lesotho used to delay or avoid a pregnancy.	YES 1 NO 2 v	YES 1 NO 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK:	302 Have you ever used (METHOD)?																					
16	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES.....1 _____ (SPECIFY) _____ (SPECIFY) NO2	YES1 NO.....2 YES1 NO.....2																				
303	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES1 NO2 DON'T KNOW8	→305																				
304	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS.....1 DURING HER PERIOD2 RIGHT AFTER HER PERIOD HAS ENDED3 HALFWAY BETWEEN TWO PERIODS.....4 OTHER6 (SPECIFY) DON'T KNOW8																					
305	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES1 NO2 DEPENDS3 DON'T KNOW8																					
306	I would like to ask you about the first time that you or your partner did something or used a method to avoid pregnancy. How many living children did you have at that time, if any?	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/> DON'T KNOW98																					
307	How old were you when you first started using something to avoid impregnating someone?	AGE AT FIRST USE..... <input type="text"/> <input type="text"/>																					
308	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous. c) A woman is the one who gets pregnant so she should be the one to use contraception. d) A woman who uses contraceptives might have a problem getting pregnant.	<table border="1"> <thead> <tr> <th></th> <th>AGREE</th> <th>DISAGREE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d)</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		AGREE	DISAGREE	DK	a)	1	2	8	b)	1	2	8	c)	1	2	8	d)	1	2	8	
	AGREE	DISAGREE	DK																				
a)	1	2	8																				
b)	1	2	8																				
c)	1	2	8																				
d)	1	2	8																				
309	CHECK 301(02) AND 302(02): KNOWLEDGE AND USE OF MALE STERILIZATION HAS HEARD OF MALE STERILIZATION BUT IS NOT STERILIZED <input type="checkbox"/> v OTHER <input type="text"/>		→401																				

310	Once you have had all the children you want, would you yourself ever consider getting sterilized?	WOULD CONSIDER1 WOULD NOT CONSIDER.....2 UNSURE/DEPENDS3 WIFE ALREADY STERILIZED4	→401]→401
311	Why would you never consider getting sterilized? PROBE: Any other reasons? RECORD ALL REASONS MENTIONED.	AGAINST RELIGION..... A BAD FOR MAN'S HEALTH B OPERATION NOT SAFE C LESS INTRUSIVE WAYS AVAILABLE D MAY WANT MORE CHILDREN /MAY WANT TO REPLACE CHILD WHO DIED..... E MAY REMARRY SOME DAY F LOSS OF WAGES..... G LOSS OF SEXUAL FUNCTION H LOSS OF MANLINESS I OTHER _____ X (SPECIFY)	

SECTION 4. MARRIAGE, SEXUAL ACTIVITY AND CONTRACEPTIVE USE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
401	Are you currently married or living with a partner? NOTE TO INTERVIEWER: 'MARRIED' MEANS HAVING GOTTEN MARRIED THROUGH TRADITIONAL, CIVIL AND/OR RELIGIOUS CEREMONY.	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	→404 →406		
402	Do you have one wife or more than one wife? IF ONLY ONE WIFE, ENTER '01'. IF MORE THAN ONE, ASK: How many wives do you currently have?	NUMBER OF WIVES <table border="1"><tr><td></td><td></td></tr></table>			
403	Are there any other women with whom you live as if married?	YES 1 NO 2	→405		
404	Are you living with one (other) woman or more than one (other) woman as if married? IF ONE LIVE-IN PARTNER, ENTER '01'. IF MORE THAN ONE, ASK: How many women are you living with as if married?	NUMBER OF <table border="1"><tr><td></td><td></td></tr></table> LIVE-IN PARTNERS			
405	Apart from the woman/women you have already mentioned, do you currently have any other regular or occasional sexual partners?	REGULAR PARTNER(S) ONLY 1 OCCASIONAL PARTNER(S) ONLY 2 REGULAR AND OCCASIONAL PARTNERS 3 NO SEXUAL PARTNER 4	→409		
406	Do you currently have any regular sexual partners, occasional sexual partners, or do you have no sexual partner at all?	REGULAR PARTNER(S) ONLY 1 OCCASIONAL PARTNER(S) ONLY 2 REGULAR AND OCCASIONAL PARTNERS 3 NO SEXUAL PARTNER 4			
407	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED ONLY 1 YES, LIVED WITH A WOMAN ONLY 2 YES, BOTH 3 NO 4	→411 →416		
408	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3 COHABITING 4	→411		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
409	<p>WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE/PARTNER REPORTED IN QUESTIONS 402 AND 404 ONLY. IF A WIFE/PARTNER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE, ENTER '00' IN THE LINE NUMBER BOXES. THE NUMBER OF LINES FILLED IN MUST BE EQUAL TO THE NUMBER OF WIVES AND PARTNERS. (IF RESPONDENT HAS MORE THAN FIVE WIVES/PARTNERS USE ADDITIONAL QUESTIONNAIRE(S).</p>		
	<p>CHECK: 402 AND 404</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>SUM OF 402 AND 404 = 1</p> <input type="checkbox"/> <p>v</p> <p>Please tell me the name of your wife/partner.</p> </div> <div style="text-align: center;"> <p>SUM OF 402 AND 404 > 1</p> <input type="checkbox"/> <p>v</p> <p>Please tell me the name of each wife/partner that you live with, starting with the one you lived with first.</p> </div> </div> <p>WIFE/PARTNER NUMBER</p> <div style="display: flex;"> <div style="flex: 1;"> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>5 _____</p> <p>6 _____</p> <p>7 _____</p> <p>8 _____</p> <p>9 _____</p> <p>10 _____</p> </div> <div style="flex: 1; text-align: center;"> <p>LINE NUMBER IN HOUSEHOLD QUESTIONNAIRE</p> <div style="display: flex; flex-direction: column; align-items: center;"> <div><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></div> </div> </div> </div>		
410	<p>CHECK 409:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONLY ONE WIFE/ PARNTER</p> <input type="checkbox"/> <p>v</p> </div> <div style="text-align: center;"> <p>MORE THAN ONE WIFE/PARTNER</p> <input type="checkbox"/> </div> </div>		->412
411	<p>Have you been married or lived with a woman only once or more than once?</p>	<p>ONCE1</p> <p>MORE THAN ONCE.....2</p>	<p>->414</p> <p>->413</p>
412	<p>Have you ever been married to or lived as if married to any woman other than those you have just mentioned?</p>	<p>YES1</p> <p>NO2</p>	->414
413	<p>In total, how many women have you been married to or lived with as if married in your whole life?</p>	<p>NUMBER OF WOMEN <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
414	<p>CHECK 409 AND 411:</p> <p>ONLY ONE WIFE/ PARNTER AND 411=1 <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> <p>In what month and year did you start living with your wife/partner?</p> <p>Now we will talk about your first wife/partner. In what month and year did you start living with her?</p>	<p>MONTH <input type="text"/></p> <p>DON'T KNOW MONTH98</p> <p>YEAR..... <input type="text"/></p> <p>DON'T KNOW YEAR.....9998</p>	→416
415	How old were you when you started living with her?	AGE <input type="text"/>	
416	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some health issues.</p> <p>How old were you when you first had sexual intercourse with a woman (if ever)?</p>	<p>NEVER00</p> <p>AGE IN YEARS <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER95</p>	→446
416A	<p>CHECK 108:</p> <p>15-24 YEARS OLD <input type="checkbox"/></p> <p>25-59 YEARS OLD <input type="checkbox"/></p>		→417
416B	The first time you had sexual intercourse, was a male or female condom used?	<p>YES, MALE CONDOM 1</p> <p>YES, FEMALE CONDOM..... 2</p> <p>NO 3</p>	
417	<p>When was the last time you had sexual intercourse with a woman?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO1 <input type="text"/></p> <p>WEEKS AGO.....2 <input type="text"/></p> <p>MONTHS AGO3 <input type="text"/></p> <p>YEARS AGO4 <input type="text"/></p>	→445
418	The last time you had sexual intercourse, did you or your partner use any contraception/protection?	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW/UNSURE8</p>	→420 →423A
419	<p>What method of contraception/protection was used the last time you had sex?</p> <p>IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUCD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS..... 06</p> <p>MALE CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM..... 09</p> <p>FOAM/JELLY..... 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>PERIODIC ABSTINENCE 12</p> <p>WITHDRAWAL 13</p> <p>LOCAL TRADITIONAL METHOD 14</p> <p>OTHER96</p> <p>(SPECIFY)</p>	→421

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
420	<p>What is the reason a method was <u>not</u> used?</p> <p>Any other reasons?</p> <p>RECORD ALL MENTIONED.</p>	<p>CASUAL SEX PARTNER SO DOES NOT CARE.....A</p> <p>CONTRACEPTION WOMEN'S BUSINESSB</p> <p>FERTILITY-RELATED REASONS</p> <p>WIFE/PARTNER MENOPAUSAL/HAD HYSTERECTOMY.....C</p> <p>COUPLE SUBFECUND/INFECUND...D</p> <p>WIFE/PARTNER WAS PREGNANT...E</p> <p>WIFE/PARTNER WAS POSTPARTUM AMENORRHEIC.....F</p> <p>WIFE/PARTNER WAS BREASTFEEDINGG</p> <p>WANTED (MORE) CHILDRENH</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED.....I</p> <p>WIFE/PARTNER OPPOSED.....J</p> <p>OTHERS OPPOSED.....K</p> <p>RELIGIOUS PROHIBITION.....L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHODM</p> <p>KNOWS NO SOURCEN</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS.....O</p> <p>FEAR OF SIDE EFFECTSP</p> <p>LACK OF ACCESS/TOO FARQ</p> <p>COST TOO MUCH.....R</p> <p>INCONVENIENT TO USE.....S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES.....T</p> <p>OTHER _____X</p> <p>(SPECIFY)</p> <p>DON'T KNOWZ</p>	<p>->423A</p>
421	<p>CHECK 419:</p> <p>MALE OR FEMALE CONDOM USED <input type="checkbox"/> OTHER METHOD USED <input type="checkbox"/></p> <p style="text-align: center;">v</p>		<p>->423</p>
422	<p>What was the main reason you used a condom on that occasion?</p>	<p>RESPONDENT WANTED TO PREVENT STD/HIV01</p> <p>RESPONDENT WANTED TO PREVENT PREGNANCY.....02</p> <p>RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY03</p> <p>DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS04</p> <p>PARTNER REQUESTED/INSISTED05</p> <p>OTHER _____96</p> <p>(SPECIFY)</p> <p>DON'T KNOW98</p>	<p>->423A</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
423	What is the main reason you did <u>not</u> use a condom that time?	NOT AVAILABLE01 COST TOO MUCH.....02 USED FAMILY PLANNING METHOD03 CONDOMS TRANSMIT HIV04 CONDOMS HAVE WORMS05 TRUSTED PARTNER06 PARTNER WAS NEGATIVE/NO RISK...07 RESPONDENT DOESN'T LIKE.....08 PARTNER REFUSED/OBJECTED.....09 PARTNER DRUNK/ON DRUGS.....10 RESPONDENT DRUNK/ON DRUGS.....11 PARTNER WANTED TO GET PREGNANT12 OTHER96 (SPECIFY)									
423A	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES 1 NO 2	->424								
423B	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY..... 2 BOTH RESPONDENT AND PARTNER... 3 NEITHER..... 4									
424	What is your relationship to this woman? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancé living with you when you last had sex with her? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	WIFE/COHABITING PARTNER 01 WOMAN IS GIRLFRIEND/FIANCÉE.....02 OTHER FRIEND.....03 CASUAL ACQUAINTANCE.....04 RELATIVE05 WOMAN IS PROSTITUTE06 OTHER96 (SPECIFY)	->426								
425	For how long (have you had/did you have) sexual relations with this woman? IF ONLY HAD SEXUAL RELATIONS WITH THIS WOMAN ONCE, RECORD '01' DAYS.	DAYS.....1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> WEEKS.....2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTHS3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEARS4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
426	Have you had sex with any other woman in the last 12 months?	YES 1 NO 2	->445								
427	The last time you had sexual intercourse with this second woman, did you or your partner use any contraception/protection ?	YES1 NO2 DON'T KNOW/UNSURE8	->429 ->432A								
428	What method of contraception/protection was used the last time you had sex? IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION02 PILL03 IUCD.....04 INJECTABLES05 IMPLANTS.....06 MALE CONDOM07 FEMALE CONDOM.....08 DIAPHRAGM.....09 FOAM/JELLY.....10 LACTATIONAL AMEN. METHOD 11 PERIODIC ABSTINENCE 12 WITHDRAWAL 13 LOCAL TRADITIONAL METHOD 14 OTHER96 (SPECIFY)	->430								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
429	<p>What is the reason a method was <u>not</u> used?</p> <p>Any other reasons?</p> <p>RECORD ALL MENTIONED.</p>	<p>CASUAL SEX PARTNER SO DOES NOT CARE.....A</p> <p>CONTRACEPTION WOMEN'S BUSINESSB</p> <p>FERTILITY-RELATED REASONS</p> <p>WIFE/PARTNER MENOPAUSAL/HAD HYSTERECTOMY.....C</p> <p>COUPLE SUBFECUND/INFECUND...D</p> <p>WIFE/PARTNER WAS PREGNANT...E</p> <p>WIFE/PARTNER WAS POSTPARTUM AMENORRHEIC.....F</p> <p>WIFE/PARTNER WAS BREASTFEEDINGG</p> <p>WANTED (MORE) CHILDRENH</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED.....I</p> <p>WIFE/PARTNER OPPOSED.....J</p> <p>OTHERS OPPOSED.....K</p> <p>RELIGIOUS PROHIBITION.....L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHODM</p> <p>KNOWS NO SOURCEN</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS.....O</p> <p>FEAR OF SIDE EFFECTSP</p> <p>LACK OF ACCESS/TOO FARQ</p> <p>COST TOO MUCH.....R</p> <p>INCONVENIENT TO USE.....S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES.....T</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOWZ</p>	<p>->432A</p>
430	<p>CHECK 428:</p> <p>MALE OR FEMALE CONDOM USED <input type="checkbox"/> OTHER METHOD USED <input type="checkbox"/></p> <p style="text-align: center;">v</p>		<p>->432</p>
431	<p>What was the main reason you used a condom on that occasion?</p>	<p>RESPONDENT WANTED TO PREVENT STD/HIV 01</p> <p>RESPONDENT WANTED TO PREVENT PREGNANCY..... 02</p> <p>RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03</p> <p>DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS 04</p> <p>PARTNER REQUESTED/INSISTED 05</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>->432A</p>







NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
432	What is the main reason you did <u>not</u> use a condom that time?	NOT AVAILABLE01 COST TOO MUCH.....02 USED FAMILY PLANNING METHOD03 CONDOMS TRANSMIT HIV04 CONDOMS HAVE WORMS05 TRUSTED PARTNER06 PARTNER WAS NEGATIVE/NO RISK...07 RESPONDENT DOESN'T LIKE.....08 PARTNER REFUSED/OBJECTED.....09 PARTNER DRUNK/ON DRUGS.....10 RESPONDENT DRUNK/ON DRUGS.....11 PARTNER WANTED TO GET PREGNANT12 OTHER96 (SPECIFY)									
432A	The last time you had sexual intercourse with this second person, did you or this person drink alcohol?	YES 1 NO 2	->433								
432B	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY 2 BOTH RESPONDENT AND PARTNER... 3 NEITHER..... 4									
433	What is your relationship to this woman? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancé living with you when you last had sex with her? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	WIFE/COHABITING PARTNER 01 WOMAN IS GIRLFRIEND/FIANCÉE.....02 OTHER FRIEND.....03 CASUAL ACQUAINTANCE.....04 RELATIVE05 WOMAN IS PROSTITUTE06 OTHER96 (SPECIFY)	->435								
434	For how long (have you had/did you have) sexual relations with this woman? IF ONLY HAD SEXUAL RELATIONS WITH THIS WOMAN ONCE, RECORD '01' DAYS.	DAYS.....1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> WEEKS.....2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTHS3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEARS4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
435	Other than these two women, have you had sex with any other woman in the last 12 months?	YES 1 NO 2	->445								
436	The last time you had sexual intercourse with this third woman, did you or your partner use any contraception/protection ?	YES1 NO2 DON'T KNOW/UNSURE8	->438 ->441A								
437	What method of contraception/protection was used the last time you had sex? IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION02 PILL03 IUCD.....04 INJECTABLES05 IMPLANTS.....06 MALE CONDOM07 FEMALE CONDOM.....08 DIAPHRAGM.....09 FOAM/JELLY.....10 LACTATIONAL AMEN. METHOD 11 PERIODIC ABSTINENCE 12 WITHDRAWAL 13 LOCAL TRADITIONAL METHOD 14 OTHER96 (SPECIFY)	->439								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
438	<p>What is the reason a method was <u>not</u> used?</p> <p>Any other reasons?</p> <p>RECORD ALL MENTIONED.</p>	<p>CASUAL SEX PARTNER SO DOES NOT CARE.....A</p> <p>CONTRACEPTION WOMEN'S BUSINESSB</p> <p>FERTILITY-RELATED REASONS</p> <p>WIFE/PARTNER MENOPAUSAL/HAD HYSTERECTOMY.....C</p> <p>COUPLE SUBFECUND/INFECUND...D</p> <p>WIFE/PARTNER WAS PREGNANT...E</p> <p>WIFE/PARTNER WAS POSTPARTUM AMENORRHEIC.....F</p> <p>WIFE/PARTNER WAS BREASTFEEDINGG</p> <p>WANTED (MORE) CHILDRENH</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED.....I</p> <p>WIFE/PARTNER OPPOSED.....J</p> <p>OTHERS OPPOSED.....K</p> <p>RELIGIOUS PROHIBITION.....L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHODM</p> <p>KNOWS NO SOURCEN</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS.....O</p> <p>FEAR OF SIDE EFFECTSP</p> <p>LACK OF ACCESS/TOO FARQ</p> <p>COST TOO MUCH.....R</p> <p>INCONVENIENT TO USE.....S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES.....T</p> <p>OTHERX</p> <p>(SPECIFY)</p> <p>DON'T KNOWZ</p>	<p>->441A</p>
439	<p>CHECK 437:</p> <p>MALE OR FEMALE CONDOM USED <input type="checkbox"/> OTHER METHOD USED <input type="checkbox"/></p> <p style="text-align: center;">v</p>		<p>->441</p>
440	<p>What was the main reason you used a condom on that occasion?</p>	<p>RESPONDENT WANTED TO PREVENT STD/HIV01</p> <p>RESPONDENT WANTED TO PREVENT PREGNANCY.....02</p> <p>RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY03</p> <p>DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS04</p> <p>PARTNER REQUESTED/INSISTED05</p> <p>OTHER96</p> <p>(SPECIFY)</p> <p>DON'T KNOW98</p>	<p>->441A</p>
441	<p>What is the main reason you did <u>not</u> use a condom that time?</p>	<p>NOT AVAILABLE01</p> <p>COST TOO MUCH.....02</p> <p>USED FAMILY PLANNING METHOD03</p> <p>CONDOMS TRANSMIT HIV04</p> <p>CONDOMS HAVE WORMS05</p> <p>TRUSTED PARTNER06</p> <p>PARTNER WAS NEGATIVE/NO RISK...07</p> <p>RESPONDENT DOESN'T LIKE.....08</p> <p>PARTNER REFUSED/OBJECTED.....09</p> <p>PARTNER DRUNK/ON DRUGS.....10</p> <p>RESPONDENT DRUNK/ON DRUGS.....11</p> <p>PARTNER WANTED TO GET PREGNANT12</p> <p>OTHER96</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
441A	The last time you had sexual intercourse with this third person, did you or this person drink alcohol?	YES 1 NO 2	->442
441B	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY 2 BOTH RESPONDENT AND PARTNER... 3 NEITHER 4	
442	What is your relationship to this woman? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancé living with you when you last had sex with her? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	WIFE/COHABITING PARTNER 01 WOMAN IS GIRLFRIEND/FIANCÉE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 WOMAN IS PROSTITUTE 06 OTHER _____ 96 (SPECIFY)	->444
443	For how long (have you had/did you have) sexual relations with this woman? IF ONLY HAD SEXUAL RELATIONS WITH THIS WOMAN ONCE, RECORD '01' DAYS.	DAYS 1 WEEKS 2 MONTHS 3 YEARS 4	
444	In total, how many different women have you had sexual intercourse with in the last 12 months? IF NON-NUMERIC, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95'.	NUMBER OF PARTNERS DON'T KNOW 98	
445	In total, how many different women have you had sexual intercourse with in your lifetime? IF NON-NUMERIC, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95'.	NUMBER OF PARTNERS DON'T KNOW 98	
446	If you needed or wanted to, could you yourself get a male condom easily?	EASILY 1 SOMEWHAT DIFFICULT 2 VERY DIFFICULT/IMPOSSIBLE 3 DON'T KNOW/UNSURE 8	
447	CHECK 302(07), 416B, 419, 428, 437 EVER USED A MALE OR FEMALE CONDOM? HAS USED CONDOM <input type="checkbox"/> NEVER USED A CONDOM <input type="checkbox"/>		->449
448	How old were you when you used a male/female condom for the first time?	AGE AT FIRST USE DON'T REMEMBER 98	
449	Have you ever paid for sex?	YES 1 NO 2	->452
450	How long ago was the last time you paid for sex?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
451	The last time that you paid for sex, was a male or female condom used on that occasion?	YES, MALE CONDOM 1 YES, FEMALE CONDOM..... 2 NO 3																																									
452	Do you know of a place where a person can get male or female condoms?	YES 1 NO 2	->454																																								
453	Where is that? Any other place? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL..... A GOVT. HEALTH CENTER B FAMILY PLANNING CLINIC C OTHER PUBLIC D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC E PHARMACY F PRIVATE DOCTOR G OTHER PRIVATE MEDICAL H (SPECIFY) CHAL CHAL HOSPITAL..... I CHAL HEALTH CENTER..... J CBD K COMMUNITY HEALTH WORKER L SUPPORT GROUPS..... M OTHER SOURCE SHOP N CHURCH..... O PEER EDUCATORS P FRIENDS/RELATIVES..... Q OTHER X (SPECIFY)																																									
454	Have you ever experienced any problems with using condoms? IF YES: What problems have you experienced? PROBE: Any other problems? RECORD ALL PROBLEMS MENTIONED.	DIFFICULT TO DISPOSE OF A DIFFICULT TO PUT ON/TAKE OFF B SPOILS THE MOOD C DIMINISHES PLEASURE D WIFE PARTNER OBJECTS/DOES NOT LIKE E WIFE/PARTNER GOT PREGNANT F INCONVENIENT TO USE/MESSY G CONDOM BROKE..... H OTHER X (SPECIFY) NO PROBLEM..... Y																																									
455	I will now read you some statements about male condom use. Please tell me if you agree or disagree with each. a) Male condoms diminish a man's sexual pleasure. b) A male condom is very inconvenient to use. c) A male condom can be reused. d) A male condom protects against sexually transmitted infection. e) Buying male condoms is embarrassing. f) A woman has no right to ask a man to use a male condom. g) A male condom has the AIDS virus h) A male condom is the best way to prevent unwanted pregnancy i) People who use the male condom are not faithful since they might have the AIDS virus or other sexually transmitted infections.	<table> <thead> <tr> <th></th> <th><u>AGREE</u></th> <th><u>DISAGREE</u></th> <th><u>DK</u></th> </tr> </thead> <tbody> <tr><td>a)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>b)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>c)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>d)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>e)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>f)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>g)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>h)</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>i)</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	a)	1	2	8	b)	1	2	8	c)	1	2	8	d)	1	2	8	e)	1	2	8	f)	1	2	8	g)	1	2	8	h)	1	2	8	i)	1	2	8	
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i)	1	2	8																																								

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
501	CHECK 409: HAS ONE WIFE/ PARTNER <input type="checkbox"/>  HAS MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/>  QUESTION SKIPPED <input type="checkbox"/> _____		->505												
502	(Is your wife/partner/Are any of your wives/partners) currently pregnant?	YES1 NO2 UNSURE3													
503	CHECK 502: YES, WIFE/WIVES/ PARTNER(S) PREGNANT <input type="checkbox"/>  (CODE '1') Now I have some questions about the future. After the child(ren) your wife/wives/ partner(s) is/are expecting now, would you like to have another child or would you prefer not to have any more children at all? NO WIFE/PARTNER PREGNANT OR UNSURE <input type="checkbox"/>  (CODE '2' OR '3') Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children at all?	HAVE A/ANOTHER CHILD.....1 NO MORE/NONE.....2 WIFE/WIVES INFECUND/ STERILIZED3 UNDECIDED/DON'T KNOW8	->505												
504	How long would you like to wait from now before the birth of (a/another) child?	MONTHS 1 <table border="1" data-bbox="1250 829 1356 934"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 2 <table border="1" data-bbox="1250 892 1356 997"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW993 AFTER MARRIAGE995 OTHER _____ 996 (SPECIFY) DON'T KNOW998													
505	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/>  If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN <input type="checkbox"/>  If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE00 NUMBER..... <table border="1" data-bbox="1250 1239 1356 1344"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> OTHER _____ 96 (SPECIFY)					->507 ->507								
506	How many of these children would you like to be boys, how many would you like to be girls, and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <table border="1" data-bbox="1031 1512 1128 1575"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> <table border="1" data-bbox="1144 1512 1242 1575"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> <table border="1" data-bbox="1258 1512 1356 1575"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> OTHER _____ 96 (SPECIFY)													
507	Would you say that you approve or disapprove of couples using a contraceptive method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2 DON'T KNOW/UNSURE8													
508	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine?	YES NO RADIO1 2 TELEVISION1 2 NEWSPAPER OR MAGAZINE1 2													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	In the last 3 months, have you discussed the practice of family planning with your friends, neighbours, or relatives?	YES.....1 NO2	—>511
510	With whom? Anyone else? RECORD ALL PERSONS MENTIONED.	WIFE/PARTNERA MOTHERB FATHERC SISTER(S).....D BROTHER(S)E DAUGHTER.....F SON.....G MOTHER-IN-LAWH FRIENDS/NEIGHBORSI TEACHERSJ CHIEFSK FATHER-IN-LAW.....L OTHER _____X (SPECIFY)	
511	In the last 3 months, have you discussed the practice of family planning with a health worker or health professional?	YES.....1 NO2	

SECTION 6. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 209: HAS HAD ONE OR MORE CHILDREN <input type="checkbox"/> v	HAS NOT HAD ANY CHILDREN <input type="checkbox"/>	→617
602	Please tell me the name and sex of your child (who was born most recently). _____ (NAME OF CHILD)	BOY..... 1 GIRL..... 2	
603	In what month and year was (NAME OF CHILD) born?	MONTH..... <input type="text"/> YEAR .. <input type="text"/>	
604	Is (NAME OF CHILD) still living?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→606 →606
605	How old was (NAME OF CHILD) when he/she died? IF '1 YEAR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> DON'T KNOW 998	
606	What is the name of (NAME OF CHILD)'s mother? WRITE THE CHILD'S MOTHER'S NAME AND HER LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF THE MOTHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE RECORD '00' NAME OF CHILD'S MOTHER _____	LINE NUMBER IN. <input type="text"/> HHD QRE.	
607	CHECK 603: (LAST) CHILD BORN IN 1999 OR LATER <input type="checkbox"/> v	(LAST) CHILD BORN IN 1998 OR EARLIER <input type="checkbox"/>	→617
608	CHECK 606: LINE NUMBER IS '00' <input type="checkbox"/> v	OTHER LINE NUMBER <input type="checkbox"/>	→610
609	What is your relationship with (NAME OF CHILD'S MOTHER)?	CURRENT SPOUSE..... 01 FORMER SPOUSE..... 02 CURRENT LIVE-IN PARTNER 03 FORMER LIVE-IN PARTNER 04 REGULAR SEXUAL PARTNER 05 WOMAN IS GIRLFRIEND/FIANCÉE..... 06 OCCASIONAL SEXUAL PARTNER 07 FRIEND/ACQUAINTANCE .. 08 OTHER _____ 96 (SPECIFY)	

	ASK QUESTIONS 611-612 FIRST FOR PREGNANCY, THEN FOR DELIVERY, AND THEN FOR THE SIX WEEKS AFTER DELIVERY. ALL QUESTIONS REFER TO THE LAST BIRTH.			
		PREGNANCY	DELIVERY	SIX WEEKS AFTER DELIVERY
610	Now, think back to the time when (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD).	610A: Did (NAME OF CHILD'S MOTHER) receive any antenatal care from a doctor or any health care provider when she was pregnant with (NAME OF CHILD)? YES 1 NO 2 (SKIP TO 612) <— DK 8 (GO TO 610B IN <— NEXT COLUMN)	610B: Did a doctor or any health care provider assist with the delivery of (NAME OF CHILD)? YES 1 NO 2 (SKIP TO 612) <— DK 8 (GO TO 610C IN <— NEXT COLUMN)	610C: Did (NAME OF CHILD'S MOTHER) receive any care for herself from a doctor or any health care provider during the six weeks after this delivery? YES 1 NO 2 (SKIP TO 612) <— DK 8 (SKIP TO 613) <—
611	Who mainly provided the money or goods or services to pay for this care?	FREE 01 INSURANCE 02 RESPONDENT 03 CHILD'S MOTHER 04 RESPONDENT AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER 96 (SPECIFY) (GO TO 610B IN <— NEXT COLUMN)	FREE 01 INSURANCE 02 RESPONDENT 03 CHILD'S MOTHER 04 RESPONDENT AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER 96 (SPECIFY) (GO TO 610C IN <— NEXT COLUMN)	FREE 01 INSURANCE 02 RESPONDENT 03 CHILD'S MOTHER 04 RESPONDENT AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER 96 (SPECIFY) (SKIP TO 613) <—
612	What was the main reason (NAME OF CHILD'S MOTHER) did not receive any advice or care from a doctor or other health care provider during (pregnancy/ delivery/the six weeks after delivery)?	NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER 96 (SPECIFY) (GO TO 610B IN <— NEXT COLUMN)	NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER 96 (SPECIFY) (GO TO 610C IN <— NEXT COLUMN)	NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER 96 (SPECIFY)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
613	At any time while (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD), did you yourself talk with a doctor or any other health care provider about the health of the mother or of the pregnancy?	YES 1 NO 2	
614	CHECK 602 AND 604: NAME OF (LAST) CHILD _____ (LAST) CHILD LIVING <input type="checkbox"/> (LAST) CHILD NOT LIVING OR DON'T KNOW <input type="checkbox"/>		→617
615	Does (NAME OF CHILD) live with you in your household?	YES 1 NO 2	→617
616	In your household who usually decides what to do if (NAME OF CHILD) is ill? RECORD ALL PERSONS MENTIONED.	RESPONDENT A CHILD'S MOTHER B WIFE/PARTNER WHO IS NOT CHILD'S MOTHER C FEMALE RELATIVE D MALE RELATIVE E OTHER _____ X (SPECIFY) CHILD HAS NEVER BEEN ILL Y	
617	Now, I want to talk to you about pregnancy and the health of children. Sometimes a pregnancy can have complications that lead to miscarriage or even death. What are some of the signs and symptoms that indicate that a pregnancy may be in danger? PROBE: Any other signs or symptoms? RECORD ALL SIGNS AND SYMPTOMS MENTIONED.	VAGINAL BLEEDING A HIGH FEVER B ABDOMINAL PAIN C SWELLING OF HANDS AND FEET D DIFFICULT LABOR FOR MORE THAN 12 HRS E CONVULSIONS F OTHER _____ X (SPECIFY) DON'T KNOW ANY SIGNS OR SYMPTOMS Z	
618	When a child has diarrhea, should he/she be given less to drink than usual, about the same amount, or more than usual?	LESS 1 ABOUT THE SAME 2 MORE 3 DON'T KNOW 8	
619	Have you ever heard of a special product called [MOTSOAKO] you can get for the treatment of diarrhea?	YES 1 NO 2	
620	Now, please tell me about yourself. Do you currently smoke cigarettes or tobacco? ¹ IF YES: What type of tobacco do you smoke? RECORD ALL TYPES MENTIONED.	YES, CIGARETTES A YES, PIPE B YES, SNUFF C YES, OTHER TOBACCO D NO Y	
621	CHECK 620: CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/>		→623
622	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/>	
623	Have you ever drunk an alcohol-containing beverage?	YES 1 NO 2	→628A
624	In the last 3 months, on how many days did you drink an alcohol-containing beverage? IF EVERY DAY, RECORD '90'.	NUMBER OF DAYS <input type="text"/> NONE 95	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
625	Have you ever gotten drunk from drinking an alcohol-containing beverage?	YES 1 NO 2	→628A
626	CHECK 624: DRANK ALCOHOL ON AT LEAST ONE DAY <input type="text"/> v	NONE <input type="text"/>	→628A
627	In the last 3 months, on how many occasions did you get drunk?	NUMBER OF <input type="text"/> TIMES NONE 95	
628A	Have you had an injection for any reason in the last three months? IF YES: How many injections did you have? IF DAILY INJECTIONS FOR 3 MONTHS, ASK: Are you diabetic? IF YES, CIRLCE CODE '95'. IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS AND NOT DIABETIC, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS.... <input type="text"/> DIABETIC.....95 NONE.....00	→628C →629A
628B	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health workers? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS.... <input type="text"/> NONE.....00	
628C	The last time you had an injection, did [You/The person who gave you the injection] take the syringe and the needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8	
629A	Do you have a Health Card/Bukana?	YES 1 NO 2	→701
629B	Have you ever used another person's Health Card/Bukana?	YES 1 NO 2	

SECTION 7. HIV AND AIDS, OTHER SEXUALLY TRANSMITTED INFECTIONS, AND TUBERCULOSIS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→734
702	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
703	Can a person get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
704	Can a person get the AIDS virus from kissing another person?	YES 1 NO 2 DON'T KNOW 8	
705	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
706	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
707	Can people get the AIDS virus by using the same eating utensils as a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
708	Can people reduce their chance of getting the AIDS virus by not having sex at all?	YES 1 NO 2 DON'T KNOW 8	
709	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
710	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	↙712
711	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY ... H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER N OTHER W (SPECIFY) OTHER X (SPECIFY) DON'T KNOW Z	
712	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
713	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<div>YES NO DK</div> <div>DURING PREG 1 2 8</div> <div>DURING DELIVERY... 1 2 8</div> <div>BREASTFEEDING 1 2 8</div>	
715	Are there any special medications that a doctor or a nurse can give to a pregnant woman infected with the AIDS virus can take to reduce the risk of transmission to the baby?	<div>YES 1</div> <div>NO 2</div> <div>DON'T KNOW 8</div>	
716	Is there any special medication that people infected with the AIDS virus can get from a doctor or a nurse?	<div>YES 1</div> <div>NO 2</div> <div>DON'T KNOW 8</div>	
717	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	<div>YES 1</div> <div>NO 2</div>	→721
718	When was the last time you were tested?	<div>LESS THAN 12 MONTHS 1</div> <div>12-23 MONTHS 2</div> <div>2 YEARS OR MORE 3</div>	
719	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	<div>ASKED FOR THE TEST 1</div> <div>OFFERED AND ACCEPTED 2</div> <div>REQUIRED 3</div>	
720	I don't want to know the results, but did you get the results of the test?	<div>YES 1</div> <div>NO 2</div>	1 →723A
721	Would you want to be tested for the AIDS virus?	<div>YES 1</div> <div>NO 2</div> <div>DON'T KNOW/UNSURE 8</div>	
722	Do you know a place where you could go to get an AIDS test?	<div>YES 1</div> <div>NO 2</div>	→724
723	Where can you go for the test? RECORD ONLY FIRST RESPONSE GIVEN.	<div>PUBLIC SECTOR</div> <div>GOVERNMENT HOSPITAL 11</div> <div>GOVERNMENT HEALTH CENTER ... 12</div> <div>FAMILY PLANNING CLINIC 13</div> <div>OTHER PUBLIC 16</div> <div>(SPECIFY)</div> <div>PRIVATE MEDICAL SECTOR</div> <div>PRIVATE HOSPITAL/CLINIC 21</div> <div>PHARMACY 22</div> <div>PRIVATE DOCTOR 23</div> <div>OTHER PRIVATE</div> <div>MEDICAL 26</div> <div>(SPECIFY)</div> <div>CHAL</div> <div>CHAL HOSPITAL 31</div> <div>CHAL HEALTH CENTER 32</div> <div>CBD 41</div> <div>COMMUNITY HEALTH WORKER 42</div> <div>SUPPORT GROUPS 43</div> <div>OTHER SOURCE</div> <div>SHOP 51</div> <div>CHURCH 52</div> <div>FRIENDS/RELATIVES 53</div> <div>OTHER 96</div> <div>(SPECIFY)</div>	
723A	Where did you go for the test? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)		
724	CHECK 401: YES, CURRENTLY MARRIED/ LIVING WITH A WOMAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/> v		→726
725	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your wife/the woman you are living with)?	<div>YES 1</div> <div>NO 2</div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
726	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: On the radio? On the TV? In newspapers?	<div> <div>ACCEPT-ABLE</div> <div>NOT ACCEPT-ABLE</div> </div> ON THE RADIO 1 2 ON THE TV 1 2 IN NEWSPAPERS 1 2	
727	Would you buy fresh vegetables from a vendor who has the AIDS virus?	YES 1 NO 2 DK/NOT SURE 8	
728	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES 1 NO 2 DK/NOT SURE 8	
729	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE 8	
730A	If a female teacher has the AIDS virus, should she be allowed to continue teaching in the school?	CAN CONTINUE 1 SHOULD NOT CONTINUE 2 DK/NOT SURE 8	
730B	If a male teacher has the AIDS virus, should she be allowed to continue teaching in the school?	CAN CONTINUE 1 SHOULD NOT CONTINUE 2 DK/NOT SURE 8	
731	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE 8	
732	Have you ever been taught how to use a condom?	YES 1 NO 2	→734
733	Where/who taught you how to use a condom? Anywhere/anybody else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B FAMILY PLANNING CLINIC C OTHER PUBLIC D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC E PHARMACY F PRIVATE DOCTOR G OTHER PRIVATE MEDICAL H (SPECIFY) CHAL CHAL HOSPITAL I CHAL HEALTH CENTER J CBD K COMMUNITY HEALTH WORKER L SUPPORT GROUPS M OTHER SOURCE MEDIA N PEER EDUCATORS O SHOP P CHURCH Q FRIENDS/RELATIVES R OTHER X (SPECIFY)	
734	(Apart from AIDS), have you heard about other infections that can be transmitted through sexual contact?	YES 1 NO 2	→737

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
735	<p>If a man has a sexually transmitted infection, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>IMPOTENCE L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS.....Y</p> <p>DON'T KNOWZ</p>	
736	<p>If a woman has a sexually transmitted infection, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE..... B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>HARD TO GET PREGNANT/HAVE A CHILD L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS.....Y</p> <p>DON'T KNOWZ</p>	
737	<p>CHECK 416:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> _____</p> <p style="text-align: center;">V</p>		->748
738	<p>CHECK 734:</p> <p>KNOWS STI <input type="checkbox"/> DOES NOT KNOW STI <input type="checkbox"/> _____</p> <p style="text-align: center;">V</p>		->740
739	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a sexually-transmitted infection?	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW..... 8</p>	
740	Sometimes, men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW..... 8</p>	
741	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW..... 8</p>	

742	CHECK 739/740/741:																				
	HAS HAD AN INFECTION <input checked="checked" type="checkbox"/>	HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>	->748																		
743	The last time you had (PROBLEM FROM 739/740/741), did you seek any kind of advice or treatment?	YES 1 NO 2	->745																		
744	Where did you go? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B FAMILY PLANNING CLINIC C OTHER PUBLIC D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC E PHARMACY F PRIVATE DOCTOR G OTHER PRIVATE MEDICAL H (SPECIFY) CHAL CHAL HOSPITAL I CHAL HEALTH CENTER J CBD K COMMUNITY HEALTH WORKER L SUPPORT GROUPS M OTHER SOURCE SHOP N CHURCH O FRIENDS/RELATIVES P TRADITIONAL HEALER Q OTHER X (SPECIFY)																			
745	When you had (PROBLEM FROM 739/740/741), did you do something to avoid infecting your sexual partner(s)?	YES 1 NO 2 PARTNER ALREADY INFECTED 3	->748																		
746	When you had (PROBLEM FROM 739/740/741), did you inform your sexual partner(s) about it?	YES 1 SOME/NOT ALL 2 NO 3 DID NOT HAVE PARTNER 4	->748																		
747	What did you do to avoid infecting your partner(s)? Did you.... Use medicine? Stop having sex? Use a condom when having sex?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>USE MEDICINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>STOP SEX</td> <td>1</td> <td>2</td> </tr> <tr> <td>USE CONDOM</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	USE MEDICINE	1	2	STOP SEX	1	2	USE CONDOM	1	2							
	YES	NO																			
USE MEDICINE	1	2																			
STOP SEX	1	2																			
USE CONDOM	1	2																			
748	Now I would like to ask you about something else. Some men in Lesotho are circumcised. Are you circumcised?	YES 1 NO 2																			
749	Now I would like to ask you about something else. Since age 15, have you ever had the following symptoms: a. Cough for two weeks or more? b. Fever for two weeks or more? c. Chest or back pain? d. Coughing up blood? e. Sweating at night?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>COUGH 2+ WEEKS</td> <td>1</td> <td>2</td> </tr> <tr> <td>FEVER 2+ WEEKS</td> <td>1</td> <td>2</td> </tr> <tr> <td>CHEST/BACK PAIN</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD IN SPUTUM</td> <td>1</td> <td>2</td> </tr> <tr> <td>NIGHT SWEATING</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	COUGH 2+ WEEKS	1	2	FEVER 2+ WEEKS	1	2	CHEST/BACK PAIN	1	2	BLOOD IN SPUTUM	1	2	NIGHT SWEATING	1	2	
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757	Where did you go?	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL11</p> <p>GOVT. HEALTH CENTER12</p> <p>FAMILY PLANNING CLINIC13</p> <p>OTHER PUBLIC14</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....21</p> <p>PHARMACY22</p> <p>PRIVATE DOCTOR.....23</p> <p>OTHER PRIVATE</p> <p>MEDICAL24</p> <p>(SPECIFY)</p> <p>CHAL</p> <p>CHAL HOSPITAL31</p> <p>CHAL HEALTH CENTER32</p> <p>CBD41</p> <p>COMMUNITY HEALTH WORKER42</p> <p>SUPPORT GROUPS43</p> <p>TRADITIONAL HEALER.....51</p> <p>OTHER96</p> <p>(SPECIFY)</p>	<p>->759</p>
758	Have you ever heard of an illness called tuberculosis?	<p>YES1</p> <p>NO2</p>	<p>->801</p>
759	Do you think tuberculosis can be cured?	<p>YES1</p> <p>NO2</p>	
760	Would you be willing to work with someone who has been previously treated for tuberculosis?	<p>YES1</p> <p>NO2</p> <p>DK/NOT SURE8</p>	
761	<p>What signs or symptoms would lead you to think that a person has tuberculosis?</p> <p>PROBE: Any others?</p> <p>RECORD ALL MENTIONED.</p>	<p>COUGHINGA</p> <p>COUGHING WITH SPUTUM.....B</p> <p>COUGHING FOR SEVERAL</p> <p>WEEKS.....C</p> <p>FEVER.....D</p> <p>BLOOD IN SPUTUME</p> <p>LOSS OF APPETITEF</p> <p>NIGHT SWEATINGG</p> <p>PAIN IN CHEST OR BACKH</p> <p>TIREDNESS/FATIGUE.....I</p> <p>WEIGHT LOSS.....J</p> <p>OTHERX</p> <p>(SPECIFY)</p> <p>NO SYMPTOMS.....Y</p> <p>DON'T KNOW.....Z</p>	
762	<p>What do you think is the cause of tuberculosis?</p> <p>PROBE: Anything else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MICROBES/GERMS/BACTERIAA</p> <p>INHERITEDB</p> <p>LIFESTYLEC</p> <p>SMOKINGD</p> <p>ALCOHOL DRINKINGE</p> <p>EXPOSURE TO COLD TEMPERAT.F</p> <p>DUST/POLLUTION.....G</p> <p>OTHERX</p> <p>(SPECIFY)</p> <p>OTHERY</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....Z</p>	

SECTION 8. ATTITUDES TOWARDS GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
801	In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally: a) making large household purchases? b) making small daily household purchases? c) deciding when to visit family, friends or relatives? d) deciding what to do with the money she earns for her work? e) deciding how many children to have and when to have them? f) deciding on family planning	HUSB- AND	WIFE	BOTH EQUALLY	DON'T KNOW/ DEPENDS	
		1	2	3	8	
		1	2	3	8	
		1	2	3	8	
		1	2	3	8	
		1	2	3	8	
		1	2	3	8	
802	Sometimes a husband is annoyed or angered by things that his wife/partner does. In your opinion, is a husband justified in hitting or beating his wife in the following situations... a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food? f) If she is unfaithful and has sex with other men?		YES	NO	DON'T KNOW/ DEPENDS	
		a)	1	2	8	
		b)	1	2	8	
		c)	1	2	8	
		d)	1	2	8	
		e)	1	2	8	
		f)	1	2	8	
803	When a wife knows her husband has a sexually transmitted disease, is she justified in asking that they use a condom?	YES1 NO2 DON'T KNOW8				
804	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband if... a) She is tired and not in the mood? b) She has recently given birth? c) She knows her husband has sex with other women? ¹ d) She knows her husband has a sexually transmitted disease?	DEPENDS	YES	NO	DON'T KNOW/ DEPENDS	
		a)	1	2	8	
		b)	1	2	8	
		c)	1	2	8	
		d)	1	2	8	
805	Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to... a) Get angry and reprimand her? b) Refuse to give her money or other means of financial support? c) Use force and have sex with her even if she doesn't want to? d) Go and have sex with another woman?		YES	NO	DON'T KNOW/ DEPENDS	
		a)	1	2	8	
		b)	1	2	8	
		c)	1	2	8	
		d)	1	2	8	
806	RECORD THE TIME.	HOUR MINUTES				